

Care Quality Commission

Inspection Evidence Table

Poplar Grove Practice (1-560530758)

Inspection date: 15 January 2019

Date of data download: 10 January 2019

Overall rating: Good

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
GP Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding additional information

The practice had systems to manage and review risks to vulnerable children, young people and adults.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All the staff we spoke with knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern.

Safeguarding policies and procedures were consistent with local (Buckinghamshire clinical commissioning group) guidelines and included local authority reporting processes and contact details.

Recruitment systems	Y/N/Partial
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
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.</p> <p>We reviewed five different staff files and records during our inspection and saw each contained evidence that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, previous experience and registration with the appropriate professional body. Criminal records checks were made through the Disclosure and Barring Service (DBS) for all clinical staff.</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: February 2018	Yes
There was a record of equipment calibration. Date of last calibration: July 2018	Yes
There were risk assessments for any storage of hazardous substances for example, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2018	Yes
There was a log of fire drills.	Yes
There was a record of fire alarm checks. Date of last check: July 2018	Yes
There was a record of fire training for staff. Date of last training: May 2018 & June 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2017	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Yes
Explanation of any answers and additional evidence: The practice had a designated manager to manage the premises, facilities and the associated health and safety risks. During the inspection we saw the practice held comprehensive records of completed environmental safety checks and associated risk assessments. This included various timetables of when the checks and risk assessments required repeating.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: December 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: One of the significant events we reviewed recorded the practice's response, subsequent learning and action following an incident regarding the storage and collection of clinical waste. This was specifically the storage/collection of sharp boxes (a hard-plastic container that is used to safely dispose of hypodermic needles and other sharp medical instruments). On review of the incident, the practice risk assessed the storage of all waste generated by the practice, this included clinical waste, sharps boxes, confidential waste and waste suitable for recycling. The review highlighted an additional safety feature when assembling the sharps boxes. Our observations and our discussions with staff during our inspection demonstrated this was now embedded into everyday practice.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes *
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
<p><u>Point 1</u></p> <p>Following significant new housing developments in the local area, the number of registered patients had increased by 7%, from 18,535 to 20,050 in the previous three years. This increase, alongside high levels of a variety of staff absences, had created long periods of high demand.</p> <p>We received various items of correspondence, both positive and negative, from staff which highlighted the practice was currently experiencing a significant peak in demand. The GP partners and management team were aware of this and the impact on both patient access and morale within the practice.</p> <p>The practice endeavoured to manage absence using several different systems, this included a focus on recruiting into all teams, specifically the reception team, and also training existing administrative staff including the prescription team to work on the busy reception desk.</p>	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was 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

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA)</small>	1.07	0.95	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	11.5%	8.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
There was a process for monitoring patients' health in relation to the use 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, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Additional information	
<p>We saw a significant event review which concerned the emergency medicines held within the practice. Following the review, the prescription team in conjunction with the nursing team completed a weekly stock check. The GP team had also been advised to complete the appropriate correspondence when accessing the emergency medicines store to ensure the correct medicines were stored.</p>	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and 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:	15
Number of events that required action:	12

Example's of significant events recorded and actions by the practice.

Event	Specific action taken
Unlabelled specimen sample	<p>Review of existing specimen collection arrangements within the reception area.</p> <p>Amendments made to specimen labelling process.</p> <p>Additional step implemented into the process, this included a direct screen message from the reception team to the nursing team.</p> <p>The specimen fridge was now checked twice daily, as opposed once daily.</p> <p>Awareness training for all teams involved (reception team and nursing team).</p>

<p>Security concern within reception area</p>	<p>Review of existing security arrangements within the reception area.</p> <p>All reception team consulted on regarding opinions to improve security.</p> <p>Discussions with the patient group regarding proposal of a security screen in the reception area.</p> <p>Additional training provided to reception team.</p> <p>Planned review of patient feedback regarding the screen.</p>
<p>Confusion regarding anti-coagulant clinic appointment</p>	<p>Full review of the clinic including the appointment process and actions to be completed following the cancellation of an anti-coagulant clinic appointment.</p> <p>Review of prescribing antibiotics for patients who accessed the anti-coagulant clinic.</p> <p>Awareness training for all teams involved (reception team, nursing team and prescribing team).</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice acted on and learned from local, national and external safety events as well as patient and medicine safety alerts. The clinical pharmacist and GPs reviewed the alerts and completed the various patient searches when appropriate.</p> <p>However, we saw the practice had not yet acted on a medicine safety alert that was received by the practice several days before our inspection. We discussed this with the practice and within 48 hours of our inspection, we saw a full analysis of the alert, which on review did not affect any practice patients.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice received and circulated new local and national guidelines to clinicians. During our discussions with staff we found a consistent understanding of clinical guidelines.</p>	

Prescribing	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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.87	0.59	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool and used clinical audit activity to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice monitored expected practice prevalence's of conditions, including conditions commonly prevalent in older people, to optimise care. For example, using information collected in the local performance scheme we saw in November 2018, 69% of patients had been identified and recorded as having hypertension (also known as high blood pressure). The CCG target, to be achieved by the end of March 2019 was 70%. The objective of this target was to increase prevalence recording and optimise treatment (including reducing the over treatment in the frail elderly population given their risk of falls, and those in the latter stages of life).
- The practice and the over 75's nurse team aligned to the practice, followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Good

Findings

- 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, the practice empowered patients to focus on improving their health through a care planning approach and worked with other health and 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.
- GPs and the clinical pharmacist (who had a special interest in respiratory conditions) followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and atrial fibrillation.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

Long term condition indicators

The practice had opted out of the Quality and Outcomes Framework (QOF), (a system intended to improve the quality of general practice and reward good practice). The practice worked with the local clinical commissioning group (CCG) and introduced a care and support approach, known as the Primary Care Development Scheme (PCDS), for the care of many long-term conditions. This was a significant shift away from QOF reporting and commenced in July 2017.

In 2018/19 (April 2018 to March 2019), additional indicators had been added. We saw current data of long term condition related indicators which indicated improved outcomes in the management of long term conditions including atrial fibrillation, Chronic Obstructive Pulmonary Disease (COPD) and diabetes.

For example, using the most recent data from November 2018:

Atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate).

- 74% of patients with atrial fibrillation had been clinically risk assessed to assess and estimate the risk of a stroke. The CCG target, to be achieved by the end of March 2019 was 95%.
- 86% of patients with atrial fibrillation and assessed as being a high stroke risk were on an oral anti-coagulant. The CCG target, to be achieved by the end of March 2019 was 90%.

COPD

- 64% of known COPD patients had received a flu vaccination. The CCG target, to be achieved by the end of March 2019 was 85%.

Diabetes

- 28% of diabetic patients with Type 2 diabetes had attended a diabetes management course. The CCG target, to be achieved by the end of March 2019 was 50%.
- 17% of Type 1 diabetic patients had the '8 care processes' (including blood glucose level, blood pressure, cholesterol, body mass index and smoking status) recorded in their care record. The CCG target, to be achieved by the end of March 2019 was 29%.
- 53% of Type 2 diabetic patients had the '8 care processes' recorded in their care record. The CCG target, to be achieved by the end of March 2019 was 56%.
- 8% of Type 1 diabetic patients had their care managed in line with the recommended triple targets (blood glucose, blood pressure and cholesterol) recorded in their care record. The CCG target, to be achieved by the end of March 2019 was 17%.

- 27% of Type 2 diabetic patients had their care managed in line with the recommended triple targets recorded in their care record. The CCG target, to be achieved by the end of March 2019 was 33%.

To improve the diabetes related outcomes, we saw the practice had introduced virtual diabetes clinics, where the diabetic team, invited patients to attend a joint appointment conducted by a diabetic nurse specialist and one of the practice nurses. The practice told us this aimed to be both beneficial for the patient but also educationally for staff.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates met the World Health Organisation (WHO) targets of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- We saw evidence that best practice guidance to ensure good clinical outcomes for pregnant and postnatal women was adhered to, including folic acid and Vitamin D supplementation, postnatal blood tests for women who had gestational diabetes and support and advice in relation to the Healthy Start scheme.
- Young people could access services for sexual health and contraception.
- One of the GPs was also the Children's Director (lead) for the local CCG. This role involved new initiatives which improved health outcomes for children in the practice and throughout Buckinghamshire. For example, the development of care pathways and leaflets for common conditions affecting children including gastroenteritis, bronchiolitis, feeding and crying, head injury and jaundice.

Child Immunisation	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)	234	250	93.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	260	281	92.5%	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)	264	281	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	265	281	94.3%	Met 90% minimum (no variation)

Any additional evidence or comments

We saw the practice contacted and invited patients to attend for immunisation; if they failed to attend an appointment the recall team, patient's GP and Health Visitor was informed. Furthermore, we saw when the practice completed the quarterly immunisation data to NHS England, a further contact and invite for the immunisation was sent.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	71.3%	74.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.5%	75.7%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	55.7%	58.2%	54.6%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	56.5%	47.2%	51.9%	No statistical variation

Any additional evidence or comments
<p>The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening; however, data from Public Health England reflected partial success in patients attending screening programmes.</p> <p>The practice were aware their uptake for cervical screening was below the national target for cervical screening coverage (above 80%) and told us they had a plan to increase uptake. This plan included designated female health clinics, a quality improvement scheme, appointment of two cancer leads within the practice and an increased focus on the recall programme using mobile technology.</p> <p>We also saw the practice used social media and the practice newsletter to promote cancer screening, this included clear information about different programmes. For example, the Autumn 2018 newsletter featured an article on bowel screening and the associated tests.</p>

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. This was collaborated through our discussions (prior to the inspection) with the nursing homes whose residents access GP services from the practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and the local boating and canal community. The practice also provided GP services and access to GPs for homeless people who used the facilities at a local homeless/supported accommodation charity in Aylesbury.
- There was a learning disability patient register and the practice offered annual health checks to patients with a learning disability. We saw there were 97 patients on the learning disability register and all (100%) had been invited for a health check. At the time of our inspection, 28 (29%) patients had attended and had a health check recorded and three (3%) patients had declined a health check. Every year the practice had audited the number of health checks completed. In response to a low, but growing uptake the practice used the Royal College of General Practitioners tool kit, implemented a designated GP for all patients with a learning disability, adopted an annual recall system, introduced a two appointment approach (patients attend a nursing appointment for blood tests and other physical checks, and then have an appointment with their named GP or the learning disability practice lead) and produced an easy read 'patient friendly' questionnaire to complete prior to appointments. For the remaining 66 patients, the designated GP had planned time to visit patients who had difficulty in visiting the practice to access the health check.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- The practice's performance on quality indicators for mental health was above the with local target. For example, data from November 2018, indicated 74% of newly diagnosed patients with common mental health problems had been signposted to the 'Improving Access to Psychological Therapies' (IAPT) programme, the target was 60%.
- The practice took part in local projects to improve outcomes for people experiencing poor mental health (including people with dementia). For example, the practice was working with the memory support service and two other local GP practices, to conduct dementia testing.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. This assessment was recorded as a new initiative – where patients with poor mental health were invited for a full health check with a trained Health Care Assistant (HCA) and then an appointment with their named GP for a medication review.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

- **Asthma audits** – One of the GPs with a special interest in respiratory conditions and the clinical pharmacist had completed a series of asthma audits. One of the audits we reviewed, audited inhaler technique as this had been associated with poor asthma control and frequent emergency admissions. The first audit cycle in October 2017, highlighted 30% of the patients that were reviewed were using their devices correctly. This audit only included face to face consultations to ensure inhaler technique could be checked. The re-audit in October 2018, indicated 93% of patients reviewed evidenced the correct inhaler technique. This was an increase of 63%. The four patients (7%) who did not show correct technique, had received a medicine review to ensure the inhaler was suitable, reminded of the importance of the spacer device (an attachment to be used with your inhaler) and a further face to face educational session how it can improve technique.
- **Anti-coagulation service audit** – The audit highlighted an increase in the number of patients accessing the anti-coagulation service. For example, in July 2015 there were 149 patients registered in the clinic, at the time of the audit (November 2018) the number had increased to 235 patients. Between November 2017 and November 2018, there had been 3,304 treatments. The audit reviewed the number of patients whose care was managed in accordance to anti-coagulation best practice, specifically the time in a therapeutic range (recommended to be above 65%). The audit data from November 2018, indicated 75% of patients were in therapeutic range for the whole clinic over a year. This was above the recommendation and had been a consistent yet gradual increase over the three years the anti-coagulant clinic had been in operation.

Effective staffing

The practice was able to demonstrate that 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants (HCAs) employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: During our discussions about the Care Certificate for HCAs, we saw the deputy nurse manager had protected weekly time to support the HCA's in the completion of the 15 standards aligned to this certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their daily working life.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found care plans were detailed and completed in full at the practice. Therefore, all pertinent information was available to staff outside of the practice involved in patient care.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported patients to live healthier lives through health promotion and prevention of ill health. We saw the practice promoted and referred into, where appropriate, various local services including the Buckinghamshire 'Live Well Stay Well' service which had projects to help people lose weight, quit smoking, get more active, feel happier or manage their long-term conditions.</p> <p>We also saw the practice supported national priorities with the promotion (within the practice, practice newsletter and on the practice website) of the flu and 'stay well this winter' campaign. The practice started vaccinating each eligible group as the appropriate vaccine became available from September 2018 onwards.</p>	

Consent to care and treatment

The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: During our discussions with clinicians they confirmed when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (There were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). We also saw the correspondence the practice used to record consent for minor surgery.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Care Quality Commission (CQC) comments cards	
Total comments cards received.	24
Number of comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	2
Number of comments received which were negative about the service.	2

Source	Feedback
Patient feedback – 24 CQC comment cards and seven patient interviews	<p>Written and verbal feedback highlighted patients were treated with kindness and respect and that the GPs and nurses were caring and compassionate. They said the majority of reception staff were helpful offering advice and telling them about other services available to them despite the practice being very busy.</p> <p>Several patients commented that despite the changes in the practice, there was still a 'friendly, family atmosphere'. Another patient commented that the new younger GPs, paramedics and nurses provided a good caring service.</p> <p>The two mixed and two negative comment cards praised the quality of care provided but expressed concerns regarding access being a problem.</p> <p>During the inspection, we also received two detailed written testimonials from patients. These testimonials advised that the practice had become busier and had grown considerable over the last few years. However, care remained good and one of the testimonials praised the practice team who ran the anti-coagulation clinic.</p>

<p>External stakeholders</p>	<p>Prior to the inspection we spoke to two local nursing homes whose residents accessed GP services from the practice.</p> <p>Feedback was positive and through our discussions, it was evident practice staff were committed to working in partnership with nursing home staff and residents.</p>
<p>NHS Friends and Family Test results</p>	<p>The practice promoted and monitored patient feedback that was collected via the NHS Friends and Family Test results.</p> <ul style="list-style-type: none"> • In December 2018, 89% of respondents (407 responses) would recommend (extremely likely or likely) the practice to friends or family. • In November 2018, 86% of respondents (443 responses) would recommend (extremely likely or likely) the practice to friends or family. • In October 2018, 87% of respondents (452 responses) would recommend (extremely likely or likely) the practice to friends or family. • In September 2018, 90% of respondents (392 responses) would recommend (extremely likely or likely) the practice to friends or family.
<p>NHS Choices website</p>	<p>Feedback left on NHS Choices website was poor and did not align to other feedback collected. At the time of our January 2019 inspection, there had been six NHS Choices ratings and reviews for the period July 2018 to January 2019. Overall, the average rating was two and a half stars out of five stars. Of the last six reviews, five were one star reviews and the remaining review was a three star review.</p> <p>We saw the poor reviews and ratings highlighted access as the concern and had not been responded to by the practice.</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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20,050	272	114	41.9%	0.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	85.2%	89.6%	89.0%	No statistical variation
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)	85.5%	88.0%	87.4%	No statistical variation
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)	92.5%	96.3%	95.6%	No statistical variation
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)	82.1%	83.6%	83.8%	No statistical variation

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

Any additional evidence
There was an annual patient survey, feedback from this survey and other sources of feedback was used to create an annual action plan to improve the patient experience.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

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)	93.4%	94.8%	93.5%	No statistical variation

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	<p>In January 2019, the practice patient population list was 20,050.</p> <p>The practice had identified 629 patients, who were also a carer; this amounted to 3.1% of the practice list.</p>

<p>How the practice supported carers.</p>	<p>There was a practice commitment to ensuring a fully inclusive patient-centred caring service. The practice's provision of services to patients with caring responsibilities had recently been recognised by Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) and the practice was awarded an Investors in Carers GP Standard award. This was in recognition of the extra support they offer to unpaid carers who are registered at the practice. In order to receive this award, the practice exceeded the criteria set by Carers Bucks, which ranged from appointing a dedicated Carers Champion within the practice (there were three carers champions), increasing numbers on the surgery's carers register (an increase of 6% in the last 12 months), ensuring at least 50% of practice staff had attended a carer awareness training session, and demonstrating an understanding of the challenges faced by carers, for example, by offering flexible appointments where possible.</p> <p>We saw practice staff helped patients and their carers find further information and access community and advocacy services, for example through regular carers events held at the practice and through information on the practice website.</p>
<p>How the practice supported recently bereaved patients.</p>	<p>Staff told us that if families had suffered bereavement, their usual GP contacted them. Further advice was also offered as required and families were signposted to relevant support groups.</p> <p>During our discussion with the patient participation group, we were advised that the practice actively promoted the in-house monthly '<i>Poplar Grove Pop In Café</i>' as an additional support service/befriender scheme for those recently bereaved.</p>

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.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes

Any additional evidence

The practice described a recent unintentional breach of confidentiality. We saw this incident had been reviewed in its entirety and correctly reported to the Information Commissioners Office. The patient was advised of the incident and general refresher training for all staff was provided which also included an update on the General Data Protection Regulation.

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times

Day	Time
Monday	7.30am - 7.30pm
Tuesday	7.30am - 7.30pm
Wednesday	7.30am - 8pm
Thursday	7.30am - 7.30pm
Friday	7.30am-8pm (telephone appointments 7.30pm-8pm)

Additional information

The practice closed every weekday during lunch time from 12.30pm until 2pm. If patients called during this time, a recorded voice message explained what to do in the event of an emergency or if the call required the urgent attention of a GP. During this period, both entrances to the practice remained open and the telephones were monitored by the reception staff for urgent calls and transferred straight through to a designated and available GP.

As a training practice, the practice had a monthly half day closure, these dates were highlighted on the website, within the practice and via social media.

Patients at the practice could access improved access appointments at primary care access hubs across Aylesbury and Buckinghamshire. These improved access appointments were booked via the patients registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays.

National GP Survey results

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)	94.9%	95.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- 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 also provided GP services to a two local nursing homes. There was a designated GP point of contact for the homes (approximately 70 patients). The designated GPs held regular visits to the homes and also provided appointments on an ad-hoc basis. We spoke with the representatives from the homes; they advised the practice was highly responsive.
- Approximately 350 patients, accessed the anti-coagulation service at the practice. This reduced the requirement for patients who required this service travelling to the local hospital.

People with long-term conditions

Population group rating: **Good**

Findings

- Where possible, patients with multiple conditions had their needs reviewed in one appointment.
- 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 people with long-term conditions approaching the end of life was coordinated with other services.
- There was a mix of skills, experience and special interests within the clinical team. This ensured patients with long term conditions were seen by the correct clinician in a timely manner.

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.
- Parents or guardians calling with urgent concerns about a child were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies. With a growing number of children registering at the practice, the practice had redesigned areas of the practice to be more suitable for children. For example, a reading book bus (used by three children during our inspection), a fish tube to keep children entertained and some posters at a suitable height for small children to read.

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. For example, through collaborate working with other local practices to provide additional improved access appointments at primary care access hubs across Buckinghamshire.
- There was a range of appointments between 7.30am and 7.30pm Monday to Thursday and 7.30am and 8pm on Wednesdays and Fridays. These extended hours (early morning and early evening) appointments were specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments. Telephone appointments were also available.
- Online access for appointments, repeat prescriptions and test results was available. Patients could also contact the practice via a webform.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. There was an arrangement that the practice provided GP services for homeless people who used the facilities at a local homeless charity. Prior to the inspection we spoke to the charity. They advised the practice was highly responsive to the homeless community, including a seamless registration process and responded to individual and themed problems within this cohort of patients including addiction problems and poor mental health. Furthermore, in August 2018 representatives from the charity were invited to a practice meeting to raise awareness of the problems faced by the homeless community. This meeting was also used to form a two way relationship between the practice and charity.
- One of the activities undertaken by the PPG resulted in the production and distribution of knitted blankets for the homeless community in Aylesbury.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, they introduced a two-appointment approach (patients attend a nursing appointment for blood tests and other physical checks, and then have an appointment with their named GP or the LD practice lead).

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- 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.
- In association with a leading dementia charity, the practice had promoted and hosted a memory information session. This was a two-hour workshop, held in July 2018 and attended by approximately 25 people (patients and carers). The workshop included discussions on understanding memory, memory tips and coping strategies.

Timely access to the service

People were able to access care and treatment in a timely way. However, further improvements should be made.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes

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)	50.9%	n/a	70.3%	-
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)	62.4%	69.0%	68.6%	No statistical variation
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)	51.0%	63.6%	65.9%	No statistical variation
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)	68.0%	74.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware that internal and external patient feedback from a variety of sources indicated access to care and treatment could be improved. The practice highlighted access as the current challenge and number one risk within the practice when the inspection was announced and throughout our discussions.

The most recent access and patient need audit (November 2018 - December 2018), highlighted patient need had increased significantly. In the previous 12 months, the patient list had grown by 7% whilst inbound calls/workload had increased by 30%, with between 700-900 inbound calls each day.

We saw the practice was active in reviewing the concerns and we saw improvements they had made to improve telephone access, appointment availability and overall patient satisfaction. For example:

- Two GPs had been designated work streams to review the access. This included working with a small team made up of the two reception supervisors, the IT Manager and a group from the patient participation group (PPG). The group reviewed local and national access systems that was being used successfully in other practices to review if any were suitable for Poplar Grove Practice. This review resulted in a new appointment system which launched in July 2018. The early review of patient feedback indicated further changes could be made. In the six-month period between the launch of the new appointment system and our inspection in January 2019, the system had been amended twice. The practice continued to review if any further improvements could be made, including possibility for the system to change seasonally to align with peaks in demand.
- Following a review of the telephone system, the practice had installed an additional 10 telephone lines. Practice staff were encouraged to use a different line when making outbound calls, thus keeping incoming lines free. Following feedback, the practice amended the pre-recorded message on the telephone system. The message was recorded by one of the long-standing GPs who explained the different functions and options to access care.
- To reduce the number of inbound calls, the practice promoted online access to all patients. The number of registered users (68%) for online access and those active users (42%) had increased over the last 12 months.
- A revised clinical skill mix had been introduced, this included the recruitment of six salaried GPs, a clinical pharmacist and a two paramedic practitioner.
- The practice had recruited into the reception team. The practice had arranged for additional training to improve the communication skills for the reception team. This included awareness training for signposting patients to other services within the health community.
- We also saw the practice reviewed the number of practice patients who were accessing the improved access appointments (appointments until 8pm Monday to Friday, selected hours at weekends and Bank Holidays) which launched in October 2018. The practice advised the findings from the review would be used to shape any future changes to the appointment system or extended hours appointment.

Source	Feedback
Patient feedback	<p>On the whole, patient feedback (written and verbal) including feedback from external stakeholder (two nursing homes and the local homeless charity) highlighted access was good.</p> <p>However, some feedback (two comment cards) aligned to the low levels of satisfaction and frustrations regarding access that was recorded on the NHS Choices website.</p> <p>During the inspection, patients who we spoke with complimented the appointment system, advising it worked for their family.</p> <p>We noted the 2018 National GP patient survey results were published in August 2018 following the collection period between January 2018 and March 2018. Therefore, this data was collected prior to our January 2019 inspection and prior to some actions completed by the practice, for example, the new appointment system.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	42 (written and verbal)
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0 (1 pending referral)

Additional information
<p>The practice had identified four key themes in the types of complaint they received – access, prescriptions, referrals and confidentiality. We saw 30 of the 42 complaints were coded into one of the four identified themes. Each complaint was reviewed and themes re-reviewed to understand why complaints were still being received despite learning and action taken.</p> <p>The annual review of complaints indicated the number of complaints had reduced from the previous year's review.</p>

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Information was available about how to make a complaint or raise concerns and the practice encouraged patients to raise any concerns directly. • The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. • There were designated responsible people (two GPs and practice manager), who handled all complaints in the practice. 	

Examples of learning from complaints.

Complaint	Specific action taken
Concerns regarding access	<ul style="list-style-type: none"> • The practice had fully reviewed access, involved the patient group in the development of services and embedded a series of improvements.
Prescriptions (missed/lost/late prescriptions)	<ul style="list-style-type: none"> • The practice had developed a prescription team. This designated team (led by the clinical pharmacist) managed all prescription queries and reduced the requirement for the reception team to handle prescription queries. • The practice also received complaints regarding a change in the local operating procedures regarding repeat prescribing. The review noted greater communication was required. Therefore, the clinical pharmacist discussed concerns with the patient participation group. The procedure changed was also advertised in the practice newsletter, on the website and through social media.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The leadership team included a mix of clinicians and management expertise required to deliver the services and monitor performance. We also saw the practice had reviewed the future of the practice with regard to succession planning. For example, salaried GPs had becoming GP partners and GP Registrars had joined the practice as salaried GPs. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice.	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice mission statement and values aligned to provide a high standard of holistic primary care to their patients by working together as a cohesive multi-disciplinary team. The mission statement and values were supported by a full practice commitment.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The had a culture and a policy in place to comply with the requirements of the Duty of Candour. This was reflected by incident and significant event reporting where staff were open about any concerns they had.</p> <p>Despite the large scale of the practice and provision of services across distinct areas of the practice, there were positive relationships between staff and teams.</p> <p>We saw each staff room/common room contained whistleblowing information including contact details for NHS Employers Raising Concerns (whistleblowing) team. There was also promotion of the national NHS 'Speak Up' event, which encouraged staff to speak up if they have concerns at work.</p>	

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

Source	Feedback
Staff feedback	During the inspection, staff were complimentary about working at the practice. We also received feedback that the previous 12 months had been a challenge as patient need had increased significantly.
GP Registrar	We also received written feedback from a GP Registrar who praised the learning culture within the practice, notably the mentorship and coaching from the two GP trainers and the wider support of the practice team.

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 which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Policies, processes and systems to support governance and management of the practice were managed by the GP partners and for the management team by the practice manager.</p> <p>There were regular meetings during which issues significant to the delivery of clinical care was discussed and reviewed.</p>	

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 which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of areas where practice performance was below average or required improvement and worked as a team to identify these risks, implement change, and measure performance. All staff we spoke to were aware solving the access concerns was a top priority.</p> <p>The practice monitored their clinical performance through participation in quality schemes such as the local quality outcomes scheme, known as Primary Care Development Scheme.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Patient Participation Group

- The practice had a dynamic and active patient participation group (PPG). The PPG also had an online presence through social media and via the practice website. The group of volunteers was originally co-ordinated by the practice but had become self-sufficient. They influenced changes and improved services for patients at the practice by offering to test and feedback on proposed new services and revised services. This included reviews from a patient's perspective of the children's area in the practice, the appointment system and the prescription team.
- The PPG had arranged a variety of outreach and educational session within the practice. This included awareness sessions from local and national groups, including 'Prevention Matters'. Prevention Matters is a free advice service linking people in Buckinghamshire to social activities, volunteers and community services. The service can support patients and their carers in regaining confidence, independence and getting out. This specific session led to the development of the 'Poplar Grove Pop In Café', a well-attended monthly event held at the practice. We were advised this had been a useful source of support and a befriender scheme for those recently bereaved.

We also saw the PPG was involved in raising funds for the practice. They were able to items of equipment including ergonomic couches, a wheelchair, a doppler (used to measure the blood flow), heart monitors and a scanner.

We spoke with three members of the Patient Participation Group (PPG). There were currently 18 'core' members who met on a monthly basis. These meetings were attended by a designated GP, someone from the management team and more recently a member from the reception team (to discuss concerns regarding access).

The members described the strong relationship between the practice and PPG, and how the practice encouraged, respected and valued their involvement. They advised the relationship was proactive and used to discuss issues of importance to patients and share these with the practice team. The meetings provided an environment for discussions and agreements about the practice and services provided and members were encouraged to contribute their views and suggestions.

The group were highly satisfied with the care provided by the GPs, nurses and practice staff. However, there had been concerns with the appointment and telephone system. Getting through on the telephone has previously been difficult, which resulted in queues forming outside the practice before it opened. However, the group advised this situation had greatly improved with the amendments to the appointment system.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

As a training practice, the practice had a long tradition of using new evidence-based techniques to support the delivery of high-quality care; we saw all staff were actively engaged in activities to monitor and improve quality and outcomes. We saw opportunities to participate in benchmarking, peer review and accreditation was pursued and staff spoke positively about the culture in the practice around quality improvement. This included clinical audit activity following significant events, topical health issues and individual special interests.

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 no statistical variation, 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 no statistical variation 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 (positive) variation	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant (negative) variation	$Z \geq 3$
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.
- 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 uses a rules based approach for scoring, due to the distribution of the data

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.