

Care Quality Commission

Inspection Evidence Table

Severn Valley Medical Practice (1-564553133)

Inspection date: 17 January 2019

Date of data download: 21 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> All clinical staff who acted as chaperones had completed the appropriate training and had a DBS check. Administration staff had completed chaperone training, however the practice confirmed that chaperoning was provided by clinical staff. The practice told us that they would carry out DBS checks for two members of administrative staff at each site in the event clinical staff were not available to assist patients. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence:	
<p>At the time of the inspection the practice told us that they had recently transferred HR files onto a new IT system and most of the staff files had been transferred to their branch site.</p> <ul style="list-style-type: none"> The practice confirmed that all staff had completed their immunisations however they were unable to evidence this on the day of inspection. After the inspection, the practice sent us evidence that all immunisations had been completed. The practice confirmed that they would embed a new procedure to ensure that this was monitored and in line with current Public Health (PHE) guidance. There was evidence that some staff had medical indemnity insurance and professional registrations in place, however the practice was unable to evidence all of these on the day of inspection. Following our visit, the practice sent us evidence that these were in place. 	

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: August 2018	Y
There was a record of equipment calibration. Date of last calibration: August 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: August 2018	Y
There was a log of fire drills. Date of last drill: April 2018	Y
There was a record of fire alarm checks. Date of last check: Weekly testing carried out	Y
There was a record of fire training for staff. Date of last training: April 2018	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: January 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: December 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	December 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> An infection control audit had recently been carried out by an NHS auditor in December 2018 and the practice was in the process of actioning areas identified such as replacing chairs with covers, purchasing data loggers for fridges and using alcohol based products in minor surgery. Testing for legionella had recently been completed and risks had been identified to mitigate potential risks. During our inspection we noted that hand washing sinks had overflows. The practice confirmed that they would complete a risk assessment in line with best practice. The practice had a policy for clinical sample handling and a waste management protocol. During our inspection we checked the clinical waste area outside of the building and although there were security measures in place we found that the gate and bin was not locked. The practice since assured us that measures were in place so this was monitored safely. 	

Risks to patients

There were adequate 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Reception staff had completed the care navigation training and could describe the process they would take if patients were unwell. We saw evidence throughout the practice that they had information and posters for Sepsis. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The 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.	Y
Explanation of any answers and additional evidence:	

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) NHS Business Service Authority - (NHSBSA)	1.09	1.06	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) (NHSBSA)	10.9%	10.1%	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	N/A

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	N/A
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	*Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice pharmacist had implemented their own high-risk medicines template for medicines such as lithium, anti-psychotics and anti-inflammatory drugs to ensure appropriate monitoring and safe prescribing. The template provided an audit trail for safe and clear prescribing. In addition, a Direct Oral Anti-Coagulant (DOAC) template has been introduced which gave clinical staff advice and safety aspects for prescribing. This included a calculation for accurate and correct dosage in renal impairment. • The practice did not stock steroids on-site as part of their emergency medicines. The practice had completed a risk assessment to determine the rationale for this. • We checked the expiry dates of the oxygen and found that two out of the five oxygen cylinders at the main site had expired in 2016. The practice confirmed that they would arrange for this to be removed immediately. • The practice had a defibrillator with adult pads. No paediatric pads were held by the practice however the practice confirmed that they would order these in line with best practice. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff were able to give examples and share learning about significant events which was discussed on a quarterly basis in clinical governance meetings. 	

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

Event	Specific action taken
Incorrectly labelled cervical screening sample	The practice fully investigated and found that the sample had been mixed with another patient. A full in-depth smear protocol was reviewed in conjunction with NHS England. All learning and processes were reviewed with staff.
Child was found alone in the waiting room	A full investigation was carried out. This was reported to safeguarding and discussed with staff in line with safeguarding procedures.
Laboratory reports not actioned by the GP.	The practice investigated and found that the new qualified GP was unaware of how to action results. Enhanced training was given and discussed practice wide. A new system was introduced to ensure administrative staff check GPs tasks daily.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
All safety alerts were received by the practice manager and deputy practice manager, who disseminated alerts to the relevant clinicians and were actioned appropriately. All safety alerts were	

logged on a spreadsheet and discussed in clinical meetings.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

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) (NHSBSA)	0.71	1.03	0.81	No statistical variation

Older people

Population group rating: add rating here

Findings
<ul style="list-style-type: none"> The practice used a clinical tool 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 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. Health checks were offered to patients over 75 years of age.

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 GP 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 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), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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) <small>(QOF)</small>	75.9%	82.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.6% (80)	11.6%	13.2%	N/A
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) <small>(QOF)</small>	73.3%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.8% (51)	6.8%	9.8%	N/A

	Practice	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)	78.1%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.2% (97)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	73.6%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (14)	5.3%	7.7%	N/A
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)	90.7%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.8% (23)	9.4%	11.5%	N/A

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)	82.0%	86.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (33)	2.7%	4.2%	N/A
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)	91.0%	94.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (20)	9.1%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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 influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	191	205	93.2%	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)	180	187	96.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	179	187	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	178	187	95.2%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have appropriate vaccinations. 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 order repeat medicines 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) (01/04/2016 to 31/03/2017) (Public Health England)	73.3%	74.2%	72.1%	No statistical variation

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.5%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.0%	61.5%	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)	80.9%	78.8%	71.3%	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)	49.5%	54.3%	51.9%	No statistical variation

Any additional evidence or comments

We reviewed the data for cervical screening as this was 73.3%, which although above the national average, was below the 80% coverage target for the national screening programme. The practice showed us evidence of the processes undertaken to encourage attendance. For example, flags were put on patients' notes and opportunistic discussions were held when patients attended for routine appointments.

The practice worked with a patient liaison officer to engage with patients around issues such as cervical screening and cancer to increase the uptake for patients being screened.

People whose circumstances make them vulnerable

Population group rating: Good

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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- 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 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.

- 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.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	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)	92.2%	92.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.2% (13)	10.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.0% (9)	8.1%	10.5%	N/A
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)	81.7%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (1)	3.8%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.6	555	537.5
Overall QOF exception reporting (all domains)	4.0%	5.1%	5.8%

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

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

The practice had completed a two-cycle audit for patients referred for trauma and orthopaedic referrals. The audit looked at the appropriateness of the referrals during a twelve-month period. The practice found that 90% of the referrals made were justified. Results were shared with clinicians and the clinical commission group (CCG) to aid learning.

The practice carried out a two-cycle audit of children under five who did not attend for their immunisation and vaccinations during a three- month period. The practice found that 3% of patients had not attended and this was investigated further in line with safety and monitoring of children registered at the practice.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	*Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Some staff had received an appraisal, however on the day of the inspection managers told us that the remainder of appraisals were in the process of being completed. Staff told us they were able to request training at any time and could give examples of courses they had attended as part of their professional development. All health care assistants (HCAs) had completed pre-diabetes training. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice held weekly multidisciplinary team meetings (MDTs) across both sites with St. Richards Hospice, health visitors, social workers, pro-active care team (PACT), midwives, carers association and district nurses. We saw evidence that the practice's MDT meetings had a process where appropriate actions were carried out in real time. Following the meeting members of the multi-disciplinary team met with the triage team to follow up any outstanding issues highlighted by the practice that required further action.</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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had established links within the local community. For example, the practice had secured reduced rates for patients to access local gyms.	

Smoking 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)	92.5%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (15)	0.4%	0.8%	N/A

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR).	

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	
The practice employed a Patient Advice and Liaison Service (PALS) worker who worked at the practice and considered the cultural needs of patients. For example, well-man and well-women sessions were offered to patients from ethnic minorities to increase knowledge and education around health, well-being and cervical screening.	

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Comment cards	20 of the 24 comment cards were positive about the service experienced. Comments included that staff treated patients with respect, were helpful, supportive, understanding and caring. Two mixed responses described difficulties getting an appointment. The two negative responses regarded difficulties and frustrations getting through on the telephone. The practice was in the process of installing a new telephone service to meet the demands of its patients and understood the impact this was having to patients.
Discussions with patients	Patients we spoke with on the day of inspection reported that they were given plenty of time during their consultation and they did not feel rushed.

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
20226	252	108	42.9%	0.53%

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)	91.8%	93.2%	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)	86.2%	90.8%	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)	97.2%	96.9%	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)	89.5%	88.2%	83.8%	No statistical variation

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

Any additional evidence
The practice used a text service to obtain Friends and Family feedback. The practice completes a monthly 'Friends and Family' satisfaction audit. The practice had reviewed telephone access as part of their patient feedback and were working with the patient participation group on securing a new system.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the time of the inspection the practice was in the process of organising a carers day. A PALS officer was employed by the practice and would offer assistance, advice and support to patients in the waiting area. For example, signposting to community services and assistance completing forms.</p>	

Source	Feedback
Interviews with patients.	All the patients we spoke to on the day of inspection said they felt fully involved in their care and treatment and had been given further information to support their health needs.

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)	99.3%	95.3%	93.5%	Variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
We saw evidence of domestic violence posters and information in patient toilets.	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 292 carers which represented 1.4% of the practice list size.
How the practice supported carers.	The practice would provide information and advice, as well as signpost carers to services for support. Information leaflets were available for patients and the practice held weekly multidisciplinary meeting with a member of the carers association in attendance. The practice was in the process of setting up a carers drop in service.
How the practice supported recently bereaved patients.	The practice would contact patients for follow up and provide them with information on bereavement support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that the waiting area was separate to the reception desk. All patients we spoke to on the day of inspection told us that their privacy and dignity was 	

respected by staff.

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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had implemented their own triage service since 2016 which was managed daily between 8am-12pm at each site and was led by a GP four days per week for continuity of care. The GP was supported by an advanced nurse practitioner (ANP) and four receptionists. A protocol had been implemented so that patients calling into the practice by telephone or face to face were triaged and the appropriate action was taken by a clinical staff member within 30 minutes. The practice used a central email box for patients to send in photos to assist them during triage. Appointments were offered to patients across both sites. Patients we spoke with during our inspection confirmed that they had been offered an appointment to attend the alternative site if appointments were fully booked at their preferred site. The practice employed a PALS officer who would engage with patients in the reception area. Assistance could be provided to patients in completing paperwork and making appointments for health checks. Patients could be signposted to services such as a social prescriber or attend stress management and holistic therapy sessions provided in-house. Complex patients could be offered one to one assistance to improve health and wellbeing. For example, a patient with a learning disability was offered one to one holistic therapies to manage their wellbeing. HCA’s had completed pre-diabetes training and offered daily checks for patients which offered more flexibility to nursing staff. An event was held in the practice alongside a dentist to provide health and information regarding oral hygiene and healthy eating for children and parents during the flu season. We saw evidence during our inspection of patients being assisted to complete online registration documents in the reception area. In addition, feedback from patients attending holistic therapy sessions reported a 100% positive feedback in the outcome of sessions provided. The practice held weekly multi-disciplinary meetings with services and coordinated end of life 	

care for patients. Cases were reviewed to aid learning and improve outcomes for patients at the end of life.

Practice Opening Times

Day	Time
Opening times:	
Monday	7.30am-7pm
Tuesday	7.30am-7pm
Wednesday	7.30am-7pm
Thursday	7.30am-7pm
Friday	7.30am-7pm
Appointments available:	
Monday	7.40am – 6.40pm
Tuesday	7.40am – 6.40pm
Wednesday	7.40am – 6.40pm
Thursday	7.40am – 6.40pm
Friday	7.40am – 6.40pm
	Extended Hour appointments: Monday to Friday 7am-8am and 6.30pm-7pm Saturday - 8am until 12pm (monthly)

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20226	252	108	42.9%	0.53%

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)	96.7%	95.6%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All older patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked closely with the Pro-Active Care Team (PACT). All patients identified as being frail had a care plan in place.
- Advanced nurse practitioners completed weekly visits to care homes.
- The practice had the support of a clinical pharmacist who would flag up issues with polypharmacy for patients.

People with long-term conditions

Population group rating: Good

Findings

- Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice held weekly multidisciplinary meetings 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.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available each day from 7.30am until 6.40pm Monday to Friday for school age children so that they did not need to miss school.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The health visitor attended weekly multi-disciplinary meetings to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.
- The practice worked with a dentist to provide information to children around oral hygiene and health matters.
- The practice offered a full range of family planning services such as intra-uterine device (coil) insertion, barrier contraception hormone contraceptive implants, injections and sexual health advice.
- The practice building was suitable for children and babies with changing, feeding facilities and a children's area in reception.

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.
- The practice was open between 7.30am and 7pm Monday to Friday. Monthly appointments were available on a Saturday 8am until 12pm.
- Stress management sessions and holistic therapy sessions were offered to patients in the practice.
- A triage service was offered to patients unable to attend the practice. Patients could send evidence of their condition through email to assist a clinician.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless substance misuse and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.

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.
- The practice held GP led monthly mental health and dementia clinics. Patients who failed to attend were followed up by a phone call from a GP.
- The practice had won funding to work with the police and The Worcestershire Health and Care Trust to provide a street triage service to patients experiencing poor mental health in the area.
- All clinical staff had undertaken training in mental capacity and Deprivation of Liberty Safeguards.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented their own triage service since 2016 which was managed daily between 8am-12pm at each site and was led by a GP four days per week for continuity of care. The GP was supported by an advanced nurse practitioner (ANP) and four receptionists. A protocol had been implemented so that patients calling into the practice by telephone or face to face were triaged and the appropriate action was taken by a clinical staff member. The multi-disciplinary approach was a positive factor in upskilling staff and improving access to manage the increasing demand to the service. We saw evidence that the triage service had seen a positive impact in improving the demand for appointments. The practice regularly audited this service across sites to monitor trends and themes. For example, the practice could evidence that 36% of patients being triaged were closed at the point of contact which gave greater capacity for patient appointments and the practice had seen a 15% reduction in the number of home visits being carried out.</p>	

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)	62.5%	73.5%	70.3%	N/A
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)	70.7%	73.2%	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)	64.9%	68.9%	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)	83.6%	78.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware that patients were experiencing difficulties in getting through to the practice on the telephone. Patients reported this on the day of our inspection. The practice was going through a tendering process to install a system that worked effectively to meet the demands of its patients.

Source	Feedback
Patient interviews	The majority of patients we spoke with on the day of inspection told us they had experienced difficulties in accessing appointments by telephone. Patients we spoke to on the day of the inspection told us they had been offered suitable appointments across both sites.

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.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Although complaints were handled in a timely way, we saw evidence that one of the response letters did not contain information about the parliamentary health ombudsman should a patient require further information.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A delay in a referral to a pain clinic	A full investigation was carried out to determine the delay in the referral. The patient was offered an apology and given a further GP appointment to discuss this further. The process was reviewed to ensure all tasks are carried during appointments to avoid this being delayed.
Problems getting through to the surgery due to the current telephone system.	An apology was given to the patient with an explanation. Ongoing issues discussed in the practice meeting. A new telephone system is being prioritised to deal with the volume of calls into the practice.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.• Staff met regularly to discuss any issues or complex cases and to offer and receive peer support.	

Vision and strategy

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

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

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. 	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff told us there was a supportive culture with an open-door policy. Staff felt able to raise concerns and felt the management team were approachable and would address any issues. Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture. Staff told us they received informal support when required and could request learning and development at any time. Staff felt they were treated equally. Many staff we spoke to had worked at the practice for over twenty years.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	*Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinicians attended weekly multidisciplinary meetings with organisations to discuss complex cases. Key community team members met with the triage team after the meeting to action any ongoing issues. • Governance structures and systems were in place to ensure that the practice was managed appropriately. There were designated roles and responsibilities which had been well-established in the practice. However, oversight of systems and procedures had not identified that some processes were not always operated consistently. Practice leaders had established policies, procedures and activities but these did not always provide assurance that they were operating as intended. For example, the practice was not aware at the time of inspection that two of the five oxygen cylinders had expired and during our inspection it was not clear who had oversight of staff immunisations. During our inspection the practice manager told us that they would develop their governance structure further so that leaders had full oversight and assurances to mitigate and manage risks effectively. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had undertaken several risk assessments relevant to the provision care. This included members of the clinical team learning the role of practice manager to mitigate any risks in the future. 	

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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Templates had been developed and embedded within the service to support the prescribing of all high-risk medicines. This was developed and maintained by the pharmacist. This helped to improve the safety of work for clinicians, trainees and locums. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
The practice had an active PPG group who met quarterly. We spoke with one member of the PPG group who was positive about the work they had completed with the practice. They reported the practice was open to suggestions from feedback and had been involved in the tendering process for a new telephone system. Following feedback from the group, the practice had set up a silent information corner for patients wanting to access personal/confidential information.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

The practice was innovative in seeking out and securing funding for initiatives in the practice:

- They had recently secured funding with another practice and had employed a PALS officer who worked three days per week across their site to offer wellness, stress management and carers support for patients. The PALS officer engaged with patients in the reception area, provided carers drop in sessions and advice and information to assist patients on health initiatives. The practice had engaged with local services to secure funding. For example, discounts for gym memberships. We saw evidence that the practice had engaged with ethnic minorities around cervical screening and diabetes care and management. In addition, one to one sessions were

offered to patients with a learning disability for holistic therapies. We saw qualitative evidence of the impact this had on patients' wellbeing. All the 23 feedback forms were 100% positive on the benefits these sessions had to self-manage and educate patients in their health needs.

- The practice worked in partnership with Healthwatch and a dentist to provide information to families during the childhood flu vaccination season. The practice engaged with parents and children attending appointments and were given fruit and information on oral hygiene and health matters. For example, visual demonstration on the impact of excess sugar.
- The practice had won a bid to work alongside the police, mental health services and Worcestershire Healthcare Trust to provide a street triage service in Worcestershire. The aim of this contract is to support vulnerable patients and reduce the number of patients experiencing poor mental health being arrested or taken to accident and emergency (A&E). At the time, of the inspection the practice had recently been awarded this contract with plans to commence this during Summer 2019.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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 variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant 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:

<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 weightings 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.