

Care Quality Commission

Inspection Evidence Table

Harleston Medical Practice (1-549993065)

Inspection date: **1 February 2019**

Date of data download: 10 January 2019

Overall rating: add overall rating here

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

Safe

Rating: Outstanding

We rated the practice as outstanding for providing safe services because:

- The systems to manage and share information that was needed to deliver safe and effective care, treatment and support were co-ordinated, provided real time information across the practice and supported integrated care for patients who use the services. We saw evidence where the provider had used external information to safeguard patients.
- All staff were proactively involved in developing and embedding systems and processes to protect patient safety. All staff we spoke with had an in-depth knowledge of safety systems including safeguarding, infection prevention and control and health and safety.
- Staff ensured safe care was delivered in line with local and national guidance and in addition they also contributed, as a team, to development of local guidance. For example, the practice had invested in a clinical system and designed a search criterion which enabled them to use and develop a system to ensure patients with high risk of developing sepsis were proactively managed. Patients who presented with symptoms of an infection were screened using the National Early Warning Score (NEWS). The practice encouraged this data collection with the use of a league table on clinician's performance, since June 2018, the practice had completed 664 NEWS scores. Learning from this work was shared with the CCG and the Royal College of General Practice.
- Compliance with medicines policy and procedure was routinely monitored and action plans were always implemented promptly. We saw evidence where the monitoring of medicines obtained from other sources such as online websites had resulted in appropriate actions taken to safeguard the patient and other health professionals.
- There was an open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement. Learning was based on a thorough analysis and investigation of things that went wrong. Opportunities for learning from external safety events was also identified, used and shared within the practice and with external stakeholders.

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
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our inspection November 2017 we identified that the provider had not fully documented actions taken when children had not attended their hospital appointments. We saw the system and process used to review and document their actions in relation to patients who did not attend their hospital appointment had been improved. In addition, the practice now reviewed all patients who did not attend hospital or practice appointments and this had been embedded and promoted joint working with other professionals such as health visitors and secondary care consultants. We saw evidence where the practice had made determined efforts to contact patients or guardians and appointments had not attended. The practice held clinical governance meetings every month and safeguarding was a standing item with updates on current cases and discussion about new cases. To ensure that the practice and the multi-disciplinary team could discuss, and if needed take actions to safeguard children or adults without delay, the practice were proactive in obtaining the consent of patients or guardians to be discussed at the meetings and recorded this in the records. Non-clinical staff were aware of safeguarding and raising concerns at the earliest opportunities, for example at registration. A community health professional shared an experience where the practice staff had contacted them and asked for them to see the patients urgently. Because of this prompt action by reception staff they had been able to give immediate help and support to ensure patients including children were cared for and kept safe from harm. Enhanced Disclosure and Barring Service (DBS) checks were undertaken on all staff and staff who undertook chaperone duties were trained. The practice policy for chaperone duties included detailed notes and diagrams to ensure staff were fully aware of the requirements to chaperone safely. 	

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> <ul style="list-style-type: none"> The practice had a detailed and comprehensive system to ensure staff were recruited safely and monitoring was effective. The practice had clear oversight of staff training records including certificates to evidence that staff had undergone their training. In our inspection dated February 2018, we identified that the practice did not have oversight of one staff members hepatitis B immunity. We saw clear evidence that the practice had compiled comprehensive records and risk assessments for staff members to ensure they were kept safe from harm. 	

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: March 2018	Yes
There was a record of equipment calibration. Date of last calibration: 11 April 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 7 January 2019	Yes
There was a log of fire drills. Date of last drill: 30 January 2019	Yes
There was a record of fire alarm checks. Date of last check: These were undertaken weekly 30 January 2019	Yes
There was a record of fire training for staff. Date of last training: dates throughout June 2018.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 26 April 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

- The practice had reviewed their fire risk assessment and although there had been no changes to the building they had decided, as good practice, to have an external fire risk assessment completed.
- The practice fire risk assessment was undertaken by an external consultant and a clear action plan had been implemented and actions had been completed. For example, a new fire safety and evacuation plan was in place and had been published to the staff. To ensure patient and staff were kept safe the practice ensured 18 staff members had additional training to be fire marshals. Each day, duty fire marshals were identified and a board in reception informed staff of who they were.
- All staff had face to face training and were given the opportunity to use the fire extinguishers on two mock fires. The practice offered to buy staff a fire blanket for their home kitchens. Staff we spoke with told us this training had been beneficial them and had been a good team exercise.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Yes

Explanation of any answers and additional evidence:

- A full risk assessment had been completed, which included the assessment of a range of health and safety risks. This included for example, fire safety, disposal of hazardous waste, environmental risk, lone working and moving and handling. Actions had been identified and acted upon to minimise risks. For example, reception staff were given headsets to use when they were taking and responding to telephone calls from patients.
- The practice had a cold-water storage system and recognised that during the excessive hot weather of summer of 2018, the cold-water temperature had fluctuated. To ensure they had safe water, the practice removed the storage tanks and installed direct mains cold water. This ensured the cold-water temperature was more consistent and kept within the safe temperature range of below 20 degrees.

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: 17 May 2018	Yes
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:

- Following the last inspection in November 2017, the practice had recruited a new nursing team.

To ensure infection prevention and control (IPC) was well managed during the new staff induction and learning time, the GP with management responsibility and the practice manager attended a two-day IPC leads course. The learning from this course was used; for example, a different IPC template including rationale for the issue was completed which covered all areas of the practice. An action plan was developed and included areas such as an annual statement and the use of single sachet ointments, lubricating gels and creams. The practice reviewed the use of gels in the case of cervical screening and issued guidance that certain lubricants should not be used and advice on those that could.

- The practice recognised improvements such as replacement of some flooring, wash-basin and seating in the rooms were needed, this had been added to the practice development and maintenance plan to be completed by September 2019.

Risks to patients

There were robust 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The GPs in the practice arranged leave to enable them to provide extra sessions to cover for each other. The practice engaged two locums who worked at the practice on a regular basis giving continuity of care to their patients. • The practice invested in an additional nurse who had two days per week when they did not see patients face to face. They used this time to proactively manage patients to provide recalls, advice on screening programmes and to ensure the clinical governance of the practice was well documented and shared with the staff. • Non-clinical staff were multiskilled, so the practice could respond to levels of peak demand or staff sickness. For example, a range of staff members were trained to deal with incoming telephone 	

calls from patients.

- The practice used the electronic panic alarm and undertook a full review whenever the alarm was used. This ensured that learning of early warning signs, where they may have prevented an emergency happening was shared.
- We saw a comprehensive, innovative and proactive approach to managing sepsis, minimising delays, in the practice. The practice was in a rural location where there could be delays in patients getting to hospital quickly.

A GP had attended a one-day workshop on managing sepsis in primary care, and with the reflection of cases that had happened in the practice they led the implementation of a system, process and training programme to keep patients safe. Training and awareness was undertaken and included on-line training, face to face education session, GP in house training and face to face training for non-clinical staff on sepsis and the unwell patient. A specific 'sepsis grab bag' was available in addition to the emergency equipment trolley and emergency visit bag to ensure staff could access all the correct equipment and medicines to treat sepsis easily and without delay.

A display in the waiting room and at a stall at a local fun day promoted the message to patients. At a carers event, information was shared with a care home on the awareness of sepsis. The practice had invested in a clinical system and designed a search criterion which enabled them to use and develop a system to ensure patients with high risk of developing sepsis were proactively managed. Patients that had presented with symptoms of an infection were screened using the National Early Warning Score (NEWS). The practice encouraged this data collection with the use of a league table on clinician's performance, since June 2018, the practice had completed 664 NEWS scores.

Each day the practice ran a search of the system identifying patients who had a score recorded above three, staff within the practice were made aware and could be prepared if the patient contacted the practice that day. This information was shared with the extended hours and out of hours service.

Prior to the Christmas closure and as part of their winter pressures management of vulnerable patients, the practice telephoned all patients identified at risk of sepsis (score of three or above) to ensure they were well and gave advice should they develop symptoms. We were given evidence where this proactive work had led to patients receiving preventative/in case prescriptions for antibiotics to use if their symptoms worsened. The GPs followed up these patients when the practice re opened.

An audit showed 24 cases of sepsis had been identified in the last 12 months and 14 of these cases were between August 2018 and February 2019, and were therefore after the practice's implementation of the new sepsis system and training events. Prior to the staff training and education of patients, only 20% of sepsis admissions had been assessed by a GP with 80% being admitted via A+E directly. Since the implementation of the new sepsis system, staff training and patient education, 71% of those admitted had been assessed by the GP with timely onward admission to hospital.

This innovative work had been shared with the CCG and the Royal college of General Practitioners.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice prioritised continuity of care for their patients. We saw GPs routinely checked their patients test results over the weekend and evenings to avoid any delay in the patient accessing appropriate and timely care and treatment contacted the patient direct. We saw evidence that in some cases this had led to the patient being admitted to hospital for immediate care. 	

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>	1.08	0.97	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>	12.8%	11.3%	8.7%	No statistical variation

Explanation of any answers and additional evidence:

- In October 2018, the practice had completed prescribing audits (including individual audits on different antibiotics) which included reviewing medical records where antibiotics had been prescribed. This included reviewing the practice prescribing data for the previous four years. The national data showed they had significantly reduced the prescribing of all antibiotics. As part of the audit antibiotics prescribed during telephone consultations to see if this had an impact on the decision-making process to prescribe. From November 2017 to November 2018, the practice had seen a 13% reduction in the prescribing of antibiotics. Following the audits, the practice produced an action plan with advice and guidance for clinicians to follow. The CCG confirmed they had no concerns about medicines management and the practice was fully engaged with the CCG medicines management team. A re audit was planned for March 2019.

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.	N/A
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
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes

Medicines management	Y/N/Partial
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
<ul style="list-style-type: none"> Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective. 	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Only the GPs within the practice prescribed medicines, this included the reauthorising of prescriptions and medicine reviews of patients. We looked records of patients who were taking high risk medicines and required regular monitoring, we found patients had been reviewed in a timely manner. We saw evidence of the proactive approach taken by the practice to review patients who had seen other health professionals where medicines had been obtained and this had raised safeguarding concerns. For example, out of hours and private online GP services. We saw evidence to show the practice had discussed this, gained consent from the patient and sent alerts to other providers alerting them to the abuse of medicines. Appropriate referrals were made to other health professionals and a multi-disciplinary team approach was put into place. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes

There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services:	
<ul style="list-style-type: none"> • Since our last inspection in November 2017, the practice dispensary had been refurbished to improve safety and the flow of prescriptions. The practice had employed a part time pharmacist to support the dispensary team. At our last inspection we identified the practice did not have clear processes to ensure uncollected medicines were well managed. We found on this inspection there was a clear process and this was embedded into routine checks within the dispensary. • The practice had audited the suitability of medicines for inclusion in monitored dosage systems and ensured patients received leaflets giving advice on where to store their medicines, for example out of direct sunlight. 	

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:	31
Number of events that required action:	31
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was an open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement. • Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning to improve safety as much as possible, including working with others in the system where relevant, participating in local and national safety programmes. Opportunities for learning from external safety events were also identified. • The practice held a detailed log of all significant events, which they called learning events, including positive examples to ensure learning from all events was identified and shared. The practice was proactive in the sharing of events, where appropriate, outside of the practice to ensure learning was shared at a local and national level. All events were fully discussed at the monthly clinical governance meetings; learning was shared with all staff within the practice and with external stakeholders. 	

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

Event	Specific action taken
April 2018. Documentation of	Staff were reminded that patients requiring a consultation

consultation on incorrect record.	<p>should be added to the appropriate list before they are seen and reminded that the absolute failsafe check is to check the patient identity at every contact.</p> <p>The event was discussed at a clinical governance meeting and information cascaded within seven days of the event. A further discussion was held at the nurse's and the receptionist's meetings.</p> <p>The practice implemented checks on the records that staff had retrieved within the clinical system to ensure the staff had only accessed records that they had good reason to do so.</p>
November 2018. The practice identified concerns regarding patients who may obtain medicines from other health professionals including online services.	<p>The safety of the patient was paramount, and the practice discussed with the patient whether they could escalate their concerns through the NHS alert system. This ensured that there were further safeguards for the patient, outside of the practice and provided evidence of the holistic nature of the care provided by the practice.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Safety alerts were coordinated and monitored by the practice manager and pharmacist. Alerts were sent to staff by electronic notification. The information technology lead undertook patient searches as appropriate to assist with this work. The alerts we checked had been managed appropriately and where needed patients had been contacted and monitored.</p>	

Effective

Rating: Outstanding

We rated the practice outstanding for providing effective services because the rating for the populations groups of working age people (including those recently retired and students) and people experiencing poor mental health (including dementia) were rated as outstanding. This was because:

- Over the past 12 months the practice had a programme of education and engagement for patients to understand the benefits of screening, to attend their appointment and to return screening kits for the national cancer screening programme. The practice had been proactive in following up patients who had declined their appointments or had not returned their screening kit and been able to show an additional 99 patients had completed the screening process as a result of this work.
- Practice staff were consistent in supporting patients to live healthier lives by using every contact with patients to do so and ensuring face to face reviews were undertaken even if this involved multiple home visits. This had resulted in 100% performance in some outcomes for patients with poor mental health or dementia.

In addition:

- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients. Patients had good outcomes because they received effective care and treatment that met their needs. They used every contact with patients as an opportunity to do so. We saw examples of this proactive approach resulting in early diagnosis and treatment.
- The continuing development of staff's competence and knowledge was recognised as being integral to ensure high quality care. Staff were proactively supported and encouraged to acquire new skills and share best practice. GPs gave weekly education sessions to the nursing team and joint appointments with patients were routinely undertaken.
- Systems and processes around consent were actively monitored and reviewed to ensure patients are involved in making decisions about their care and treatment.

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

Explanation of any answers and additional evidence:

- Practice staff kept up to date with current evidence-based practice through engaging in training courses and educational updates. Clinical information was shared during weekly clinical meetings and a GP held a weekly education meeting with the nursing team. Each long-term condition area had a lead clinician whose responsibilities included ensuring that care protocols were evidence based, in line with local and national guidance and that updates were communicated to colleagues as appropriate. To ensure continuity and effective management of patients with long-term conditions the first appointment with a new nurse was undertaken by both the usual GP and nurse to ensure the nurse had all the information they needed for a safe monitoring.

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>	1.28	1.13	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- 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 was proactive and information was sent to each patient giving guidance on 'consent to share information' to ensure appropriate health professionals and carers could access appropriate information in a timely manner.
- 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.
- Patients were offered monitored dosage systems for their medicines, where appropriate. (These have separate compartments for days of the week and/or times of the day.) Information leaflets were given with advice on how best to store their medicines for example out of direct sunlight.
- Staff, including the practice manager, GPs and other staff held carers events at the practice. The practice also worked with CCG care home practitioners these sessions were also delivered in the local nursing home. These events gave information on falls prevention, nutrition and hydration, managing infections and what to do in an emergency.
- The practice was proactive in educating patients in the management of possible strokes and sepsis ensuring patients were aware of the need to take emergency actions. They had comprehensive displays in the waiting rooms, had staff at local events such as the local community fun day and arranged talks in the local nursing home.
- The practice worked with a community connector who was a member of the South Norfolk social prescribing team. This was to ensure patients were supported and had access to other agencies such as coffee morning groups, exercise classes and others such as Age UK who could support them. All practice staff could refer patients to be seen at the practice or in their own home.
- The practice had held flu clinics on Saturdays and in the evening or patients were visited in their homes, on the day of the inspection they had ensured 91% of patients aged over 65 years old had received their injection. This was the second highest in the south Norfolk CCG.

Population group rating: Good

People with long-term conditions

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The first appointment and any others needed were joint appointments with the GP. 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. The patients usual GP discussed the findings with the nurse and reviewed the medicines and made changes were appropriate.
- Prior to a bank holiday, for example Christmas 2018, nurses and GPs called patients to ensure they were well and did not need any 'in case care' such as a written prescription given to the patient to obtain the medicine if they needed.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice overall Quality and Outcomes Framework (QOF) achievement for long term conditions including asthma, COPD, atrial fibrillation, diabetes and hypertension was in line with the Clinical Commissioning Group (CCG) and England averages. The overall exception reporting for atrial fibrillation, hypertension and COPD was lower than the CCG and England averages.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had, over several years developed a focus on chronic liver disease and identified undiagnosed chronic liver disease in high risk patients. The practice had worked with the CCG on this work and as a result a care pathway had been developed ensuring patients were given appropriate care.
- Following reviews, such as NHS health checks, we saw the practice had proactively followed up patients for conditions such as diabetes and hypertension. We saw examples of this proactive approach resulting in early diagnosis and treatment.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. The practice raised the awareness of the identification of a possible stroke and actions that should be taken, for example seek emergency care quickly.
- The practice had held flu clinics on Saturdays and in the evening to ensure patients could attend for their vaccination.

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) (QOF)	78.2%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.7% (45)	17.2%	13.2%	N/A
The percentage of patients with diabetes, on	76.1%	79.9%	77.7%	No statistical

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>				variation
Exception rate (number of exceptions).	8.7% (40)	9.5%	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) <small>(QOF)</small>	78.9%	80.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.8% (50)	17.2%	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) <small>(QOF)</small>	78.5%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	10.1% (55)	7.2%	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) <small>(QOF)</small>	92.0%	88.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.1% (31)	14.3%	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) <small>(QOF)</small>	86.4%	84.8%	82.6%	No statistical variation

Exception rate (number of exceptions).	3.8% (53)	3.9%	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)	82.0%	87.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (6)	6.1%	6.7%	N/A

Any additional evidence or comments

- We noted that the practice had been proactive on reviewing the exception reporting of patients with COPD. In 2016/2017 the exception rate was 30%, in 2017/2018 it was 17%, we reviewed the current data for 2018/2019 and the practice exception reporting rate was below the CCG and national average and the practice were confident that this would be sustained.

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 the practice or secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice promoted the seasonal flu immunisation for children and held clinics on Saturdays and in the evenings, their performance was generally first or second with the South Norfolk CCG except for the 2 years to five-year-old where the practice was ranked 20th. The practice was aware of this and had been encouraging parents and guardians to bring their children.

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)	64	64	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who	69	74	93.2%	Met 90% minimum

have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				(no variation)
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)	69	74	93.2%	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)	69	74	93.2%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

We have rated the population group for working age people (including those recently retired and students) as outstanding:

- The practice used any opportunity, including NHS health checks, to review other information with the patient, including whether the patient had responded to their cancer screening appointments. The practice was made aware of 543 patients who had not taken part and had not return the test kit in the bowel screening programme. The practice took proactive action and sent additional letters to all these patients, outlining the benefits of screening and early diagnosis. As a result, the practice was able to encourage a further 99 patients to be tested, and of those, four had abnormal results and received prompt treatment. The practice was continuing this proactive work and used every opportunity including telephoning patients to further improve the uptake.
- Over the past 12 months the practice had promoted the cancer screening programmes. They had information stands in the waiting room, had held a stall at a local fun day and used each opportunity to discuss screening with the patients. The practice employed a nurse who had protected time on two days a week and their role during this time included reviewing the uptake and contacting patients to discuss their concerns.
- The practice's uptake for cervical screening was 79%, which was above the CCG average of 76% and the England average of 72%,
- 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. In the past 12 months the practice had sent 395 invitations to patients, 190 patients had attended their appointment and evidence we were given showed patients had required further investigation and treatment. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice's uptake for breast and bowel cancer screening was in line with the CCG but above the national average.
- Patients could book or cancel appointments online and order repeat prescriptions without the need to attend the surgery.

- Flu clinics were held on Saturdays and evening to ensure patients who worked would be able to attend their appointment.

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)	78.8%	76.3%	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)	77.6%	78.1%	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)	63.6%	64.1%	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. (01/04/2017 to 31/03/2018) (PHE)	56.6%	64.9%	70.3%	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)	35.0%	46.8%	51.9%	No statistical variation

Any additional evidence or comments

- The practice had systems and processes in place to ensure there was a failsafe system for test samples and they received reports on all samples sent.

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.
- We saw where patients were homeless, the practice ensured they kept in contact with them which sometimes included other professionals and agencies. Proactive searching for a patient who was homeless and had not attended their hospital appointment had been undertaken.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated they had a system to identify people who misused substances. We saw evidence where the practice had investigated abuse of medicines that had been obtained from

other places including online GP services. The practice was proactive in alerting other professionals and the NHS England safety alert team.

- The practice had liaised with the learning disability team with Norfolk County Council and had reviewed their register to ensure it was accurate and up to date. Patients with a learning disability were offered a review within the practice or in their home. The practice had 51 patients on the register including young people, in the past 12 months they had completed 42 reviews. The other nine patients had been contacted and an appointment booked.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

We have rated the population group for people experiencing poor mental health (including dementia) as outstanding:

- 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, community connector, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice had seen 100% of patients on their mental health register for a face to face review. They had gone above and beyond to achieve this and had visited patients in their home on as many occasions as was required to undertake a full review at a time and place that provided the patient with optimal support.
- There was a system for following up patients who failed to attend any appointment at the practice or hospital or 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. The staff went above and beyond to enable full reviews to take place. They had considered the environment where the patients were most comfortable, the times that were convenient to carers and families and any other additional support required. The practice recorded 100% of dementia reviews had been completed with lower than average exception reporting.
- All staff had received dementia training in the last 12 months and the practice was working towards a recognised award of a dementia friendly practice, including improving the waiting areas with new furniture and decoration.

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) <small>(QOF)</small>	100.0%	92.9%	89.5%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	17.0%	12.7%	N/A
The percentage of patients with	100.0%	92.5%	90.0%	Variation (positive)

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)				
Exception rate (number of exceptions).	3.5% (2)	14.8%	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)	100.0%	84.1%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	4.5% (3)	9.4%	6.6%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.4	545.8	537.5
Overall QOF exception reporting (all domains)	4.5%	5.9%	5.8%

Any additional evidence or comments

- At our inspection February 2018, we found the practice did not have clear oversight of their exception reporting. We found at this inspection the practice processes and systems ensured clear clinical oversight of all reporting. All patients were reviewed and the practice had made determined efforts to contact all patients on numerous times; not only by sending three letters, which was standard procedure, but by telephone calls and if needed home visits. The practice evidenced where this work had led to other positive outcomes for the patients including identifying carers who were struggling and patients who did not take their medicines regularly. The practice exception reporting was lower than both the CCG and national averages in 2017/18.

	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

Any additional evidence or comments

- The practice had a comprehensive programme of clinical and non-clinical audits and quality improvement including those of two or more cycles. For example;
- The practice routinely used audit following learning from significant events or complaints.

Following a complaint and the practice raised a significant event in 2017, the practice had undertaken an audit on new stroke diagnosis. The first cycle was over the period of November 2016 to October 2017 and the second cycle covered the period November 2018 to October 2019. Overall, the practice had seen a 7% reduction in presentation at the practice in the first instance. A higher proportion of patients accessed the appropriate pathway for acute stroke symptoms with reduced delay in this time critical illness. The practice told us this may be attributable to the focus and promotion of the FAST (a national campaign for the recognition of stroke symptoms) message over the last 18 months. The practice had been proactive in this patient education and had included patient displays in the waiting room and Patient Participation Group/practice educational promotion at the local community fun day.

- The practice regularly reviewed data from the CCG including referral rates and A+E attendances and emergency admissions rates. The practice had been proactive in managing patients who were at higher risk of admission and had protected time each afternoon for GPs to manage cases effectively. The data from the CCG showed the practice to have a low admission rate overall and a lower rate of patients going direct to A+E.
- The practice recognised there had been an increase in gynaecologic referrals to secondary care and to those relating to pelvic organ prolapse. The CCG told us the practice had discussed this and asked for support to find appropriate training so their own staff could undertake this work to provide care and treatment in the practice closer to patient's home and in surroundings they were familiar with.

Effective staffing

The practice was clearly 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 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:

- Since our previous inspection, the practice management team had undertaken 360-degree appraisals with outside agencies and included reflection of management styles within the practice. They told us this learning enabled them to understand the impact staff have on each other. This had ensured there was better delegation of tasks and monitoring of those roles and responsibilities.
- The practice had a programme of training throughout the year and each month staff were given set training to undertake and were given protected time to do this. Regular reminders were sent to ensure all staff complied. When new staff started their employment, and were required to complete some mandatory training such as safeguarding or fire safety, they would repeat the training again in the set month, this ensured they stayed within the training programme for the following year.
- Over the past 12 months the practice had employed new staff members including a new nursing team and a pharmacist. Staff spoke highly of the support and education that had been given to them. For example, new staff had easy access to GPs and the practice manager, and a GP held an educational session each week for the nursing team. GPs would undertake joint appointments with the nursing team member and the patient for appointments such as long-term condition reviews. They told us they were given protected time to undertake training and to review this within the practice to ensure they were applying the new learning safely and effectively.
- The practice could evidence their staff were competent to undertake their roles.
- Non-clinical staff were also encouraged to undertake training and development; for example, a non-clinical staff member had been encouraged to undertake the role of carers champion and had received support to understand the role and its responsibility.

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)	Yes
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

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	Yes

services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	
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> <ul style="list-style-type: none"> The practice showed their proactive approach to helping patients live healthier lives. The practice had a range of information available and attended local fun days with health promotion stands. The practice worked closely with a community connector who could help patient find support groups, exercise classes and encouraged them to attend. The practice had also engaged with the local school and some young people had joined the practice PPG. The teaching staff accompanied the young people to meet the practice staff and help to identify ways to support them as well as give guidance to people regarding their online health including 'cyberbullying'. Information was available at the practice and on the practice's website, which signposted patients to health and well-being services. 	

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) <small>(QOF)</small>	94.3%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (14)	0.8%	0.8%	N/A

Consent to care and treatment

The practice demonstrated that it 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:

- We saw evidence to show the practice had detailed systems and processes to ensure consent was appropriately sought and recorded. Records we saw confirmed this. The practice actively obtained written consent from patients who may be vulnerable to ensure they could be discussed at multi-disciplinary team meetings and that any actions health professionals needed to take, could be in a timely manner. For example, referral to a safeguarding team.

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

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	Nine
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	None

Source	Feedback
Healthwatch Norfolk	<ul style="list-style-type: none"> The practice had scored three and a half stars out of five on the Healthwatch site from two reviews. There were comments relating to the staff at the practice which included: “The doctors are really nice.” “I would like to thank the practice for all they have done for me.”
NHS Choices	<ul style="list-style-type: none"> The practice had received two and a half stars out of five from 28 reviews on NHS Choices. There were positive comments relating to the attitude and kindness of the staff.
Comments card	<ul style="list-style-type: none"> Nine comments cards we received were wholly positive about the care and treatment given by staff. Comments included very respectful staff, staff are always helpful and willing to help and exception support and care. Two had negative comments in relation to delays in getting their medicines.
Patients we spoke with	<ul style="list-style-type: none"> Three patients we spoke with told us they were very happy with the care given at the practice and all stated that this had improved over the past 12 months. One patient was negative in their feedback.
Cards and letters received by the practice	<ul style="list-style-type: none"> We saw many cards and letters that had been received by the practice thanking them for their care and treatment. Staff told us of gifts such as flowers and chocolates they had received from their patients.
Newspaper article, staff and patients.	<ul style="list-style-type: none"> Staff and patients told us and it was reported in a local newspaper of the exception lengths practice staff had gone to ensure they cared for their patients. Excessive snow fall resulted in staff being stranded in their cars and no access into the town from the neighbouring villages; however, they found

	alternative ways to get to work. As a result, the practice was able to answer their phones and not transfer all calls through to the 111 service. GPs were able to telephone patients who required medical help or advice from their cars. As the weather conditions continued to be severe, some staff stayed in the practice overnight.
Staff	<ul style="list-style-type: none"> Staff told us a patient had seen a member of the nursing team for a routine appointment. During the conversation the patient became upset. The nurse took time to discuss additional support. A referral was made to the community connector could put plans and support in place within a few days.

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
7980	230	124	53.9%	1.55%

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)	82.3%	90.4%	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)	75.4%	88.4%	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)	89.7%	95.8%	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)	58.7%	84.3%	83.8%	Variation (negative)

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

Any additional evidence
<ul style="list-style-type: none"> The practice with Patient Participation Group reviewed the findings for the national GP patient survey July 2017, comments received on NHS choices, Healthwatch, friends and family test and complaints. The themes of negative comments related to access to the service and getting through on the telephone. The practice told us they believed these issues resulted in the lower patient satisfaction for their overall experience. <p>Data from the friends and family test showed;</p> <ul style="list-style-type: none"> April 2016 to March 2017 showed 59% of patients were extremely or likely to recommend the practice to their family and friends. April 2017 to March 2018 showed 78% of patients were extremely or likely to recommend the practice to their family and friends. April 2018 to January 2019 showed 82% of patients were extremely or likely to recommend the practice to their family and friends. <p>Please see the responsive domain for actions the practice took to improve access to a GP.</p>

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

Source	Feedback
Healthwatch Norfolk	<ul style="list-style-type: none"> There were comments on the website detailing how quickly the practice had referred patients on, explained treatment and how this had led to a positive outcome for the patient.
NHS Choices	<ul style="list-style-type: none"> The practice had received two and a half stars out of five from 28 reviews on NHS Choices. Comments included: “During my appointment, the clinician mapped out a plan for treatment with tests and medication, explaining everything clearly.”
Patients we spoke with	<ul style="list-style-type: none"> Three of the four patients we spoke with told us they had received excellent care and had been involved in decisions and treatment options.
Comment cards	<ul style="list-style-type: none"> Patients had reported positive communication with GPs and nurses, reflecting they had understood the care and treatment they were receiving.

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)	85.4%	94.3%	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.	The practice had 201 carers registered, this was approximately 2.4% of the practice population. Through the 2017/2018 QOF year, the practice had seen an increase of 47 registered carers. Text messages had been sent to all patients asking them to consider if they were a carer and to contact the practice for further support.
How the practice supported carers.	A member of the non-clinical team had developed the role of a carers champion. They had produced a comprehensive carers pack which included information about their website and the wide range of information available. It also included a carers handbook and useful local contact numbers and leaflets for others such as Carers Matter Norfolk and the South North help hub as well as a food booklet with recipes. Patients or relatives could ask to speak with the carers champion by name.
How the practice supported recently bereaved patients.	The practice sent condolence cards to bereaved patients and GPs made contact and or visited them to ensure they were supported during this difficult time. The practice ensured patients had easy access to support groups available. Practical information was available on the practice's website for patients who were bereaved.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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
<p>Explanation of any answers and additional evidence:</p> <p>There was a privacy notice at the practice informing patient to advise a member of staff if they wanted to speak to them in private. A private room was always available, if this was requested.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

At our previous inspection February 2018, we had rated the practice as requires improvement for providing responsive services to patients because; patient satisfaction was low for access to the practice and they had not fully reviewed the annual GP patient survey, and included as part of an action plan. At this inspection we found the practice had implemented changes and monitored those changes to ensure they were effective.

The practice had improved the organisation and deliverer of 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice provided extended hours appointments on Mondays and patient appointments were scheduled at times that were most convenient to patients where possible. The practice worked together with other practices and took part in a rota to offer extended hours each evening and at weekends. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am-8.30pm
Tuesday	8.30am-6.30pm
Wednesday	8.30am-6pm
Thursday	8.30am-6.30pm
Friday	8.30am-6.30pm
Between 6pm and 6.30pm telephone calls were triaged by the East of England Ambulance Trust. The practice duty GP could be contacted if required.	
Appointments available: <ul style="list-style-type: none"> The practice had implemented a new appointment system and all patients requesting an appointment were spoken to by a GP first and whenever possible this was by the patient's usual 	

GP. All GPs had appointment slots during the day to see patients. GPs had slots available to book in order to follow patients that required it. The practice staff were aware of, and sensitive to, those patients who were not suitable to receive a call first and appointments were booked.
<ul style="list-style-type: none"> Working as part of a locality group, extended hours appointments were available from 6.30pm to 8pm at selected practices as well as at selected times during the weekends.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7980	230	124	53.9%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.0%	95.5%	94.8%	No statistical variation

Any additional evidence or comments

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Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Flu vaccinations were given to patients who were housebound.
- District nurses were based at the practice and there was regular liaison between staff at the practice.
- Patient who lived in care homes were regularly reviewed.
- Patients who had a reported fall were reviewed and referred to the falls clinic where their needs were assessed as appropriate.

People with long-term conditions

Population group rating: Good

Findings

- 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.

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. 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 practice had a paediatric trained GP who could support other clinicians if needed.
- The practice was working with members of a local school to ensure they were responsive to their needs including on line health such as cyberbullying.

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.
- Working as part of a locality group, extended hours appointments were available from 6.30pm to 8pm at selected practices as well as at selected times during the weekends.
- GPs contacted all patients requesting an appointment by a for a telephone consultation. Patients could advise of their availability for a telephone consultation and if an appointment was needed, this was arranged at the patient's preference.

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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was in the process of becoming a dementia friendly practice.

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 had increased the awareness and identification of patients at risk of dementia.

Patients were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

The practice had implemented significant changes to improve access to care and treatment in a timely way for people.

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
<p>The practice was aware of the poor results in the July 2018 GP patient survey. They reflected this data was collected before the new telephone system was installed and at the same time as the new appointment system was implemented and therefore did not reflected the improvements they had made.</p> <p>With the PPG they identified the key themes that had been identified in the GP patient survey July 2017 and July 2018 as</p> <ul style="list-style-type: none"> • Ease of routine access to a GP. • ease of accessing the practice by telephone. • provision of evening and weekend appointments. <p>The practice implemented a plan of improvement to ensure their patients experienced was improved, this included;</p> <ul style="list-style-type: none"> • Implementation of a new appointment system, engaging regular locums and increasing capacity within the nursing team. The new appointment system was implemented January 2018. The practice undertook a qualitative survey of patients using the new appointment system to understand if the system was working as anticipated. 36 patients were called over a three-week period with positive reports from most of the patients. Feedback from patients included comments about the need for specific times for call backs from GPs, the practice used this information to ensure staff noted if patients needed this, for example for those working in open offices or schools. • Installation of a new telephone system in November 2018. Shortly after the new telephone system was installed the practice undertook a qualitative survey of patients, feedback from this survey was positive about the ease of getting through and comments enabled the practice to make changes to the options patients hear at the beginning of their call. • As part of the locality group scheme evening and weekend appointments were made available. <p>To monitor and ensure patients experiences had improved the practice undertook a survey and collected 150 responses between 23 November 2018 and 11 January 2019. The results of the survey showed;</p> <p>How easy did you find it to speak to or see a GP when you needed to?</p> <ul style="list-style-type: none"> • 87% found it easy or fairly easy • 13% found it not very easy or not easy. 	

This showed the satisfaction with the appointment system had increased from 44% to 87%.

How easy did you find it to get through to someone at the practice by phone?

- 92% found it very easy or fairly easy
- 8% found it not very easy or not easy.

This showed the patient satisfaction as a result of the new telephone system had increased to 92% from 32%

We saw data from the telephone system that demonstrated that the delays in answering and the number of calls waiting was kept to a minimum. Generally, there were no more than 2 or 3 calls waiting and average wait time was around 30 seconds. During busy call time other staff including administration staff would support the receptionists in answering the calls.

There had been less negative and more positive comments on NHS choices and Healthwatch. The PPG reported improved satisfaction amongst patients.

With the PPG, which now included young people, the practice had a detailed action plan to ensure the improvements in patient satisfaction are continued and sustained and monitored.

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)	31.8%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	44.3%	67.2%	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)	36.9%	62.2%	65.9%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	61.0%	74.9%	74.4%	No statistical variation

Source	Feedback
Healthwatch Norfolk	The practice had received 3 and a half stars on Healthwatch Norfolk from two reviews. One review had stated it was difficult to get an appointment.
NHS Choices	The practice had received two and a half stars out of five from 28 reviews on NHS Choices. There were mixed comments relating to accessing the service, though

	recent comments reported the appointment system had improved and it was easier to get an appointment.
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Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	23
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None by patients *

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had contacted the Ombudsman for advice and guidance to ensure a complex case was effectively managed. Staff responsible for ensuring complaints were managed well told us that they had a few occasions contacted the Ombudsman to ensure their response to the complaint was appropriate. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
In October 2018, a health professional reported that a patient was unhappy with the communication from a staff member and that their referral to the community had been delayed	The practice contacted the patient and apologised. Action was taken with the individual concerned.
In August 2018 the practice received a complaint via NHS England which related to a patient reporting poor care and treatment.	The practice investigated the complaint and with spoke with the clinician concerned. As a result, the staff member attended a training course to refresh their skills.

Well-led

Rating: Outstanding

At our last inspection we rated the practice as requires improvement for well-led services because;

- Not all systems ensure good governance in accordance with the fundamental standards of care.

At this inspection we have rated the practice as outstanding because; The practice demonstrated outstanding leadership as senior clinicians and management team overcame previous difficult circumstances and the disappointment of the requires improvement rating of our previous inspection. They had reflected and planned and ensured they and the practice staff were motivated to make, further improve and sustain the improvements needed.

- The clinically driven leadership, governance and culture was used to drive and improve the delivery of high quality person-centred care. There was inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience capacity and capability needed to deliver excellent and sustainable care.
- The practice ensured clinical leadership and gave staff including nurses protected time to ensure they proactively managed patients, systems and processes.
- There was clear joint working between the clinical team members with GPs supporting and leading education and development with the nursing team.
- The leaders had a deep understanding of issues, challenges and priorities in their practice and in the wider health system.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans.
- Staff were proud of the practice as a place to work and spoke highly of the culture. There was a strong team-working and support across all areas and a common focus on improving the quality and sustainability of care and patient's experience.
- There was a demonstrated commitment to best practice performance and risk management of systems and processes.
- The practice processes and systems to ensure patients and staff were kept safe from harm were robust and demonstrated good practice.
- There was demonstrated commitment at all levels to sharing data and information safely to drive and support decision making including system wide working and improvement.

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.	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 senior clinicians and management team reflected on the findings of our previous inspection and other feedback. They undertook a full review of the practice, management structures and monitoring identifying areas to improve. Their approach was open and transparent and included learning from 360 appraisals and reviews from external agencies. The management team included practice staff in the action plan, giving ownership to team members for their development and for sustainability for the future.
- Comprehensive and successful leadership strategies were implemented to develop a desired culture to ensure and sustain improvements from lessons learnt. For example, the need to empower staff to take on key tasks and responsibilities to enable others to monitor and implement new and innovative projects. The senior management had reviewed the systems and processes and implemented change where required to ensure best practice and delegated to staff who had been appropriately trained to manage on a day to day basis.

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 vision was:	
<ul style="list-style-type: none"> • There were high levels of satisfaction across all staff and a strong practice team commitment to deliver high quality patient care in an efficient, caring way with the utmost regard to dignity, respect and confidentiality. • The strategy and plans were challenging and innovative while remaining achievable and engaged staff at all levels. These plans included ensuring the services that were delivered were sustainable and were integrated with the strategy and vision of the wider healthcare system. The practice was fully committed to continuing their work with secondary and national colleagues to enhance primary care for patients, bringing services closer to home. • There was a systematic and integrated approach to monitoring, whilst key management staff drove the performance to ensure the vision was fully met. • The practice had employed additional staff including a pharmacist and nurses. This enhanced the skill mix available in the practice. A member of the nursing team had two days protected time each week to undertake proactive care of patients such as calling patients to discuss their cancer screening or their annual review appointments. During this time the nurse had time to review policies and procedures to ensure they were updated and appropriate. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a strong collaboration between the clinical and non-clinical team members and a common focus on improving the quality of care and sustainability of patient's experience. • The practice management team had fully reviewed all the risks assessments and as good practice had some undertaken by external organisations such as fire safety. 	

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

Source	Feedback
Staff	Staff spoke positively about the leadership team, were supported, valued and listened to. Concerns could be raised and were responded to. GPs were easily available to discuss any clinical concerns.
Other health professional	Positive and enjoyable experience; helpful and accessible staff and a supportive and approachable trainer.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Governance arrangements were proactively reviewed and reflect best practice. A systematic approach was taken to working with other organisations to improve care outcomes. • There was a demonstrated commitment to best practice performance and risk management systems and processes. The practice had reviewed how they function and ensured staff had the skills and knowledge to ensure those systems worked effectively. • GPs had identified lead roles areas which included, for example, clinical governance, training, prescribing, sepsis and management support. They also had identified overall GP QOF lead and 	

GP leads for specific clinical areas, which included for example, asthma, cancer, mental health, minor surgery and smoking cessation.

- The practice held regular meetings when the lead staff for clinical, administration, reception and management met to discuss and resolve practice issues. Weekly clinical education meetings to which all clinical staff were invited were also held.
- Comprehensive clinical governance meetings attended by clinicians and staff were held monthly and over two days. An agenda with new and regular items was adhered to. The extensive agenda covered items such as a review of the patients who had died, patients for discussion including those at risk and those with identified safeguarding concerns. They also included a review of and trend analysis of learning events and complaints, safety alerts and performance (including a review of referrals which had been rejected). Detailed minutes were kept and actions were reflected at the next meeting to ensure they were effective. These meetings were also used to discuss and agree new initiatives and to monitor any that had implemented.

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

Explanation of any answers and additional evidence:

- There was a demonstrated commitment to best practice performance and risk management systems and processes. The practice reviewed how it functioned and ensured staff at all levels have the skills and knowledge to use those systems and processes effectively.
- The practice demonstrated better patient outcomes from systematic and regular audits and monitoring. For example, the practice monitored uncollected medicines and as a result identified patients were not taking their medicines regularly. The GPs contacted the patients and arranged a review and encouraged patients to take their medicines.
- The practice acknowledged areas for improvement; for example, patient feedback identified issues with access to the practice, especially by telephone. The practice staff gave careful consideration to the feedback and implemented an action plan to address it. The practice then monitored its impact to ensure their actions were effective.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> To ensure safe and effective handling of data and compliance with the General Data Protection Regulation (GDPR), the practice worked with a cluster group of practices and appointed an independent Data Protection officer. The group held quarterly workshops to share best practice and to share learning. A processing activities log had been developed to identify all activities across the practice that involve categories of personal data and align them with the appropriate legal gateway under GDPR. Patients could contact this officer directly should they wish to. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff suggestions were listened to and acted on. For example, the nursing team identified the system used to store and monitor vaccine stock in the fridges could be improved. The management team agreed and a system to ensure new delivery of stock was placed into one refrigerator and then moved as required meant a more consistent control on temperatures was maintained. Practice staff met regularly with staff at the nursing home they provided services for. This had been a useful forum for giving education to staff on managing conditions such as infections and sepsis. The practice also worked with CCG care home practitioners to arrange an education session in the nursing home on falls prevention, nutrition and hydration, managing infections and how to communicate effectively in an emergency. A similar session was also provided at the practice for patients who are carers and the carers of the practices patients. The practice was proactive in the community and held a stall at the summer fun day. During this event they promoted information on strokes, sepsis, healthier lifestyles and cancer screening programmes and carers support. The practice had reflected that they had received some low patient satisfaction results in the 	

national GP patient survey 2018. They addressed the issues by installing a new telephone system and a new appointment system. With other practices they offered extended hours access each evening and at the weekend. Feedback from patients was positive to these changes.

Feedback from Patient Participation Group.

Feedback

- We spoke with a member of the PPG who gave positive feedback about the practice and the staff. They reflected the practice had been open and engaged with them and to the improvements they needed to make. The PPG had been proactive in helping the practice with the patient survey to ensure the changes they had made had been effective and had given patients a more positive experience.
- The PPG was proud that they had developed a relationship with the local school and with the teacher's support had been able to seek the opinion of young people and work jointly on a social media platform. With the young people they had raised awareness of on line health and cyberbullying.
- The practice and the PPG worked together to offer educational sessions for patients.

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

- There was a fully embedded and systematic approach to improvement in the practice which was detailed and documented. Staff reported that development was actively encouraged and training was available to them. The practice had trained staff so that they were multi skilled and able to support in other roles when this was needed for the effective management of the practice. The GPs were active in giving clinical education to staff and undertaking joint appointments with patients for clear and specific patient centre learning.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Examples of continuous learning and improvement

- The GPs and practice manager demonstrated they had skills and enthusiasm for sharing learning with other practices and the wider health service. For example, one GP had been working with the CCG and hospital on the management of fatty liver disease and sharing with the Royal College of General Practice (RCGP) the positive outcomes from their management of sepsis in the community. The practice manager undertook a supportive role in helping practices that were struggling.

- Members of the nursing team who did not have a background of primary care before their employment with the practice praised highly the education and support they received from the GPs.
- The practice identified there were delays and lack of coordinated information sharing with other agencies in respect of safeguarding information. The practice was proactive in working with others to find better and more consistent ways to share this vital information to keep patient safe from harm.

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.
- 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. This indicator does not have a CCG 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 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.