

Care Quality Commission

Inspection Evidence Table

Deane Medical Centre (1-537735416)

Inspection date: 18 December 2018

Date of data download: 12 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place 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
Systems were in place 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
The practice had clinical as well as non-clinical leads for safeguarding. One of the administrators regularly audited	

Safeguarding	Y/N/Partial
patients on the safeguarding register to ensure that information was up to date and all appropriate action was taken for patients on the safeguarding registers.	
The safeguarding lead was one of only two GPs in Bolton trained to Level 7.	
The practice had a designated registration form for under 18's which required a parent to complete and identify anyone on child protection or in touch with social services. An audit of patients registered was carried out regularly and identified a looked after child that was added to the practice safeguarding list.	
Three-monthly audits were carried out by an administrator to ensure that all patients on the safeguarding list have been seen by a professional	

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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence:	
Five personnel files were reviewed. Each file contained staff personal details, medical questionnaire, appraisal forms, training certificates, consent forms, DBS consent form, staff confidentiality agreement, code of conduct, employee handbook, induction, staff rota, job description, person specification, job references, offer letter, employee contract, holiday sickness, immunisations and various personnel tool kits.	

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: 15.3.18	Yes
There was a record of equipment calibration. Date of last calibration: 11.4.18	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. COSHH file in place	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 7.12 18	Yes
There was a log of fire drills. Date of last drill: Done in 24 July 2018.	Yes
There was a record of fire alarm checks. Date of last check: 12.12.18	Yes
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals in place.	Yes

A fire risk assessment had been completed. Date of completion: January 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Fire alarm tested weekly by the practice manager on a Friday morning. Fire training was done on an annual basis Recommendation to install fire seals on self-closing fire doors was completed on 01/05/2018. Recommendation to install a fire door at the back entrance was completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2018	Yes
Explanation of any answers and additional evidence: No actions required.	
Health and Safety policy in place: 8 October 2018	
There was a stress tool kit prepared for staff on 18 October 2018, each member of staff completed it, and an assessment of display screen equipment for each member of staff was completed on 10 October 2018. There were no actions required.	
A legionella assessment was carried out on 18/5/2018 There was an action required to have a written scheme in place which was implemented. Monthly checks and weekly checks were being done by the practice manager.	
An asbestos risk assessment was carried out because the building was old and the practice manager felt it a necessary requirement. There was an action to alert any entrants to possible dangers when entering a room where an old asbestos wall had been. The risk assessment did not highlight any immediate danger and signage was put up to alert anyone who entered that there had been asbestos in that area.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: Completed 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits. Actions identified, all were completed and an action plan was in place.	Yes*
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The audit did not identify the need to wall-mount sharps bins which has now been highlighted to the practice.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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. (As part of the clinical assessment – there were care plans in place)	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 any other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: Staff were flexible and sorted out cover between themselves. All staff were full time.	

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.	
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.93	1.07	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.2%	6.8%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes*
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place 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.	NA
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	NA

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Prescriptions were managed by administration staff on the front desk and although they were logged in and out there was no log of where they were going. The practice was advised to keep a note of this information. The practice had implemented a lap top for home visits that merged into the clinical system so there was no need to carry prescription pads outside the premises. • Regular audits of high risk medicines were completed and systems were in place to ensure that patients had regular blood testing and reviews. • The practice continually reviewed their systems and processes for the administration and supply of medicines, and provided regular reviews for repeat prescribing, for the benefit of the patient population. 	

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:	9

Number of events that required action:	9
Explanation of any answers and additional evidence: The practice should review the threshold for significant incident reporting and encourage more non-clinical reporting. The incidents we saw were mainly clinical.	

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

Event	Specific action taken
The practice nurse sustained a needle stick injury.	Protocol was followed. Nurse was wearing gloves and risk assessment was low. Appropriate care was taken.
Specific information not communicated on discharge letter received from hospital. Necessary action identified when patient attended practice for routine follow up.	Immediate action taken to contact midwives for comprehensive discharge. Incident reported to Bolton Royal Hospital and incident number given to patient by Bolton Royal Hospital for reference.
Prescription error. Patient queried when received medicine that they were no longer taking.	Pharmacy contacted and stated emergency supply was requested by patient. Pharmacy now asked to confirm with practice before any emergency medicine requests are dispensed. Patient could have been harmed by a continued use.
Discharge received from hospital with diagnosis of Scarlet Fever. Dr requested check with Public Health England and found the case had not been notified.	Notification completed and faxed to Public Health England
A rejected notification was received from cytology because it was more than six months ahead of schedule. Patient who was new to the practice and did not speak fluent English thought it was due when asked by the nurse.	In future nurse will check on Open Exeter before taking any cytology screen if it is unclear when last smear was taken. Use language line when appropriate. Practice now has smear information in many different languages.

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
Explanation of any answers and additional evidence: Safety alerts were managed by the practice manager. We reviewed examples of alerts and saw the most recent dated 12/12/2018. Each member of staff knew about medical alerts, what action to take and where to access information.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
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:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.02	0.98	0.81	No statistical variation

Older people

Population group rating: add rating here

Findings
<ul style="list-style-type: none"> Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. Opportunistic and annual health checks were offered with clinicians. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the 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. Local guidelines were followed when delivering care and treatment and both staff and patients were provided with education updates.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Monthly audits were run to ensure that recalls and annual reviews had not been missed.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice used a multi-disciplinary approach to the care of patients with long term conditions encompassing clinical, administration and information and technology in order to optimise outcomes.
- In-house education events were provided to help patients understand their chronic conditions and also to help clinicians understand potential barriers to compliance.

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)	72.6%	75.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.7% (7)	9.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.0%	75.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.5% (4)	6.4%	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	78.7%	78.1%	80.1%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	3.9% (10)	9.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	87.0%	73.9%	76.0%	Variation (positive)
Exception rate (number of exceptions).	2.5% (4)	4.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.6%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.1% (2)	7.3%	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) (QOF)	89.1%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	0.3% (1)	3.3%	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)	90.9%	93.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (1)	5.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. Pregnant women were offered recommended vaccinations as per current guidelines. The practice also participated in the nasal flu immunisation campaign. 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. Steps were taken to identify any cases of hidden post-natal depression and to offer help. Asian women were referred to the Roshni scheme which identified and dealt with post-natal depression amongst that ethnic sub group to ensure those patients engaged with services. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. All children under the age of 12 were seen on the day an appointment was requested as part of the Bolton Quality Contract. Young people could access services for sexual health and contraception. A named health visitor was assigned to the surgery and attended the practice on a regular basis conducting meetings relating to any safeguarding concerns. Travel vaccinations and advice were offered to patients travelling abroad and vaccines were administered on site.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	45	49	91.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	51	56	91.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	52	56	92.9%	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)	53	56	94.6%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. An audit was run every two months for prescriptions that had not been collected. Prescriptions were then destroyed and information documented on the patient's notes.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	63.1%	72.7%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.0%	71.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	34.0%	52.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	66.7%	71.7%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	25.0%	48.8%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> • End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances made them vulnerable. • The practice maintained a register of vulnerable patients including those with a learning disability, dementia, mental health and long-term conditions. Alerts were added to patient notes and those patients were called for annual health check review and education. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • The practice demonstrated that they had a system to identify people who misused substances. • The practice reviewed young patients at local residential homes. All staff were trained in various forms of safeguarding and took a proactive approach to identifying patients who could be vulnerable. Housebound patients were visited at home. • Longer appointments were available for patients with communication barriers. • Services were offered for patients registered with hearing, speaking and sight disabilities. The practice manager was trained in basic sign language.

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

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication. As well as the intervention of the health care assistants, a health improvement practitioner liaised with patients to keep them well. 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. A mental health practitioner attended the practice regularly each week to review patients. Patients with mental health concerns could also be referred or self-refer into psychological services in the community. 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 percentage of patients whose care plan had been reviewed in a face to face review within the preceding 12 months was 97%. The practice offered annual health checks to patients with a learning disability.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.3%	89.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.8% (1)	7.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.2%	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)	97.0%	89.0%	83.0%	Variation (positive)
Exception rate (number of exceptions).	10.8% (4)	6.4%	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)	532.53	-	537.5
Overall QOF exception reporting (all domains)	2.9%	4.3%	5.8%

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

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

- Regular audits were undertaken to improve services and the quality of care to patients. A member of the Clinical Commissioning Group supported the practice, attended the surgery and kept them up to date with the monitoring of specific medicines. They also kept the practice informed about any savings that could be made by altering medicines to a generic type. The changes were made according to the Bolton Quality Contract and were evidence based.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked within the Bolton Quality Contract and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a return to evidence their engagement and support to those standards.
- The practice had identified that optimisation was required to control diabetes in multi-ethnic communities. To overcome the challenges, they implemented educational sessions around diet, stress, exercise and disease process. The practice listened to patients and jointly formed a management plan including counselling sessions with GPs. Patients revealed they did not take their medicines due to fears but continued to order them from the pharmacy. Compliance continued to be monitored and workshops continued to be held to improve patient outcomes.

Effective staffing

The practice could demonstrate 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	Yes

treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	
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. This 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

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 services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>One of the GPs was named end-of-life lead and attended CCG meetings. They had completed advanced care planning training and communication training in this field. Patients were discussed regularly at meetings specifically for that purpose.</p> <p>Bowel cancer and cervical smear screening educational talks had been held with the practice manager and lead GP and patients. This had significantly increased rates of the uptake of both screening tests and led to early identification and management of cancer disease.</p> <p>An educational event was held at the residential home affiliated to the practice. Families of residents were invited to attend. The GP team explained their role in the management of conditions, discussed mental capacity, Deprivation of Liberty Safeguards, end of life, best interest decisions, power of attorney, covert medicines and do not attempt resuscitation (DNAR) wishes.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.1%	95.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (6)	0.6%	0.8%	N/A

Consent to care and treatment

The practice always could demonstrate 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 decide.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw evidence that Gillick and Frazer guidelines had been demonstrated by GPs to non-clinical staff to increase their knowledge and awareness when making appointments for younger people.• The practice monitored the process for seeking consent appropriately.• Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles.	

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.	45
Number of CQC comments received which were positive about the service.	45
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	Patients consistently reported they were treated with care and respect.
Friends and Family Test	Patients consistently said they were extremely or highly likely to recommend the practice.
NHS Choices	The practice generally received positive feedback on NHS choices and the practice manager took the time to respond to patients.

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
3710	409	56	13%	1.51%

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)	80.2%	90.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	76.6%	89.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	79.2%	95.3%	95.6%	Variation (negative)
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)	71.7%	86.0%	83.8%	No statistical variation

Any additional evidence or comments

The practice undertook an “improving the practice” questionnaire based on the results of the GP patient survey. Most patients were satisfied with the time taken to answer the telephone. The practice had a phone protocol in place and all staff were required to answer the phone by the third ring. The practice identified that some patients had had to wait at reception and are awaiting installation of a patient self-check-in to improve the process.

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

Any additional evidence
The practice continued to monitor and improve services based on patient feedback from many sources such as in-house surveys and the patient participation group.

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
Educational events had been introduced in GPs own time and this had improved communication and involvement of patients increasing an understanding to their care, treatment and condition. They included carers and family members in those educational meetings and could demonstrate improvement.	

Source	Feedback
Interviews with patients.	Patients we spoke with were consistently positive about the services provided by all the staff at both sites.

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)	82.1%	93.4%	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
Explanation of any answers and additional evidence: The practice had introduced leaflets in many other languages and these were on display in reception. GPs and non-clinical staff could speak many languages. The practice identified language and culture as one of the main obstacles against compliance with treatment. They used innovative methods to increase communication such as involving members of the community groups and members of the patient population group to increase awareness of services and facilities available to patients.	

Carers	Narrative
Percentage and number of carers identified.	79 patients were identified as carers which was more than 2% of the practice population.
How the practice supported carers.	The practice was aware of patients with caring responsibility and actively kept a record of those patients to offer them further support through carers' resources. There was a flag system in place to identify patients who were visually impaired so their needs and the needs of their carers could be responded to.
How the practice supported recently bereaved patients.	Bereavement counselling groups had been set up within the practice where patients were able to share their experiences and support each other. GPs also provided counselling and support for patients and families. All staff were aware of other support available within the community and demonstrated how they would signpost patients to those services.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Outstanding

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times

Opening Times	Deane Medical Centre	Daubhill Surgery
Monday	8am to 8pm	8.30am to 1pm
Tuesday	8am to 6.30pm	2pm to 6.30pm
Wednesday	8am to 6.30pm	9am to 1pm
Thursday	8am to 6.30pm	9am to 1pm
Friday	8am to 6.30pm	9am to 1pm
GP, nurse and health care assistant appointments were available at various times throughout each day at both sites. Patients were able to choose which site they preferred to attend and could attend either site.		
Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bardoc. Additionally, patients can access GP services in the evenings from 6.30pm till 9.30pm and on Saturdays, Sundays and Bank holidays from 9am until 1pm.		

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3710	409	56	13%	1.51%

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)	85.8%	95.5%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Outstanding

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice engaged with the Staying Well scheme for over 65s enabling home visits to identify and address concerns and help maintain independence.
- A grub tub was introduced into the practice to help people struggling to obtain food.
- The practice provided high quality palliative care to patients approaching the end of their lives. The practice had systems and processes in place so the patient did not need to rely upon the out of hours service. This included assessment and planning, liaison with Macmillan nurses and all the associated paper work required. The GPs also visited patients outside of regular surgery hours including evenings and weekends if necessary.
- The practice was affiliated to a local residential home serving 76 patients. They had provided education events on Saturday mornings for families, staff and residents and explained the role of the GP in provision of care.
- Winter package schemes were introduced to reduce the risk of hospital admissions and helping to keep patients comfortable in their own homes during the winter months.

People with long-term conditions

Population group rating: Outstanding

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.
- Education events were held in-house to help patients to understand their conditions and to help clinicians understand any barriers to compliance. The events were carried out in the GPs' own time. Management plans were introduced and education for both patients and clinicians were ongoing.

Families, children and young people

Population group rating: Outstanding

Findings

- We found there were systems to identify and follow up children living in disadvantage 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 under 18 were offered a same day appointment when necessary. Nurse clinics were available until 7.30pm on Mondays and from 7.45am on Thursdays to increase flexibility for patients with young children at school or those who were working.
- The practice has a named health visitor assigned to the surgery who attends on a regular basis conducting meetings relating to any safeguarding concerns. If necessary the health visitor could be contacted directly via telephone and email.
- All children under five arriving from out of area were referred to the health visitor service immediately. One of the administrators regularly audited patients on the safeguarding register to ensure that information was up to date.
- The safeguarding lead was one of only two GPs in Bolton trained to Level 7. Newly registered children up to the age of 18 were checked to see if there were any safeguarding issues. From a total of 78 patients registered in the last three months, four were identified as having safeguarding issues and were added to the current safeguarding list within the practice.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8 pm on a Monday.

- Pre-bookable appointments were available to all patients at this surgery as one of the hubs for the GP Federation and also at other additional locations within the area. Appointments were available Saturday and Sunday 10am until 1pm.
- Nurse clinics were available until 7.30pm on Mondays and from 7.45am on Thursdays to increase flexibility for patients with young children at school or those who were working.
- GP, nurse and health care assistant appointments were available at various times throughout each day at two sites. Patients were able to choose which site they preferred to attend and could attend either site.
- The practice had a text message appointment reminder service to reduce non-attendance.
- A health improvement practitioner provided health lifestyle advice and offered primary prevention including health checks for over 40s. Well men and well women checks were performed by the practice nurse.
- Clinicians spoke multiple languages including Hindi, Urdu, Punjabi, Gujarati, Tamil, Pilipino and Czech all which cover their diverse population.
- The practice was due to employ a Musculoskeletal (MSK) practitioner one session per week on a Friday. Patients with back and joint pain could be booked in without the need to see a GP. This practitioner would be able to prescribe pain control.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The GPs at this practice provided a responsive service to the vulnerable population group. They undertook regular education sessions on Saturday mornings to improve patients' understanding of their long-term diseases and address concerns. The practice had identified language as one of the biggest barriers to good health outcomes and used various innovative methods of communication to overcome those barriers. They had identified an increase in the Somali community and used the local Mosque to in reach to that vulnerable population group. A specific bereavement sessional group was introduced to enable patients to support each other. They continued to explore barriers to poor compliance and improve health outcomes for patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice decided to help the most vulnerable people in their community and organised a "Grub Tub" providing food for the community.
- All staff had been trained to recognise and deal with any signs of domestic violence.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	74.6%	78.6%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	65.7%	72.8%	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)	79.8%	71.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	55.5%	75.3%	74.4%	No statistical variation

Any additional evidence or comments

The practice introduced text messaging to improve attendance of appointments and reduce wasted clinical time.

Source	Feedback
For example, NHS Choices	The practice had a four-star rating on NHS choices based on the positive comments left by patients. The practice responded to all feedback.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
An elderly patient arrived in a taxi to have bloods taken but was turned away by a member of staff thinking that bloods were not required.	The patient's son alerted the practice. An apology was offered immediately and a home visit was arranged for the same day. A written complaint was received and responded to accordingly.
All complaints were acknowledged and responded to appropriately.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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 in place, including a succession plan.	Yes
<ul style="list-style-type: none"> The principal GP had the skills and experience to run the practice. There were opportunities for all staff to develop in their roles and be autonomous in their roles; with appropriate oversight and support from the GP and practice manager. For example, practice nurse management of long term conditions. The practice manager was part of the senior leadership team and worked closely with the principal GPs in the operation of the practice. There was a range of regular meetings which included clinical meetings. Staff said that the leadership inspired them to deliver the best care and motivated them to succeed. Staff met regularly to discuss any issues or complex cases and to offer and receive peer support 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a high quality, innovating, caring and compassionate approach to primary care. They strove to deliver optimal, proactive patient care in a safe, transparent and friendly environment. They aimed to continuously respond to and act on patients' needs and ensure an optimal overall patient journey. 	

- Their motto was “equality in diversity” and they catered to the complex and diverse needs of their multi-ethnic community with a high deprivation index.

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
<ul style="list-style-type: none"> • There was a practice whistleblowing policy in place. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. 	

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

Source	Feedback
Staff Interviews	Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. They told us there were good positive relationships between staff and teams.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	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"> • Learning from complaints and significant events: There was effective systems and processes in place to identify themes and trends. Appropriate action was taken because of complaints and significant events. Learning was shared with all relevant staff members. • Practice specific policies: There was a range of both clinical and administrative policies, that were 	

easily accessible for all staff, that supported the delivery of good quality and sustainable care.

- Clinical and administration meetings: There was many different meetings held in and outside the practice, including educational events for GPs and for patients.
- Communication was effective and organised through structured, minuted meetings.

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place 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:	
<ul style="list-style-type: none"> • Several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments had been carried out. Recommendations from risk assessments had been actioned. The practice manager also regularly assessed any risks to the buildings and premises and acted on any necessary requirements. 	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff feedback highlighted a strong team ethic with a positive supporting ethos. • Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • The practice had a small patient participation group (PPG) • Patients were encouraged to join the PPG through the new patient registration pack, information in the reception area and on the practice website. • A representative from the group informed us that the practice was pro-active and responsive to suggestions from the group.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <p>The practice undertook training and education for their staff and with patients in order to improve patient understanding and compliance and also to improve staff knowledge of the obstacles that patients face when dealing with long term conditions on a daily basis.</p>	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These 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.