

Care Quality Commission

Inspection Evidence Table

Hobs Moat Medical Centre (1-572590870)

Inspection date: 15 January 2019

Date of data download: 10 January 2019

Overall rating: Outstanding

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y ¹
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: 1 – The practice attended meetings with other practices in the locality to share and receive learning from safeguarding concerns externally as well as internally.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence:	

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: 5 May 2018	Y
There was a record of equipment calibration. Date of last calibration: March 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: December 2018	Y
There was a log of fire drills. Date of last drill: 12 December 2018	Y
There was a record of fire alarm checks. Date of last check: 18 October 2018	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 1 April 2017, due for review 1 April 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A legionella risk assessment was completed by an external company on 2 November 2017; this was due for review in November 2019. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 21 May 2018	Y ¹
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: 1 – The practice completed a full annual infection prevention and control audit in addition to the following: <ul style="list-style-type: none">• Weekly documented walk rounds.• Quarterly bin and waste segregation.• Six monthly sharp bin audits.• Six monthly 'ATP cleaning verification'. *• Annual minor surgery audits.• Annual hand hygiene audits. Action plans were implemented and completed where necessary following the completion of the audits. *ATP cleaning verification is a system and device which uses a probe to test the cleanliness of surfaces. The practice audited the external cleaning company's performance by measuring the cleanliness of surfaces before and after they had been cleaned. This had previously led to a change in cleaning provider where the practice found the performance was not adequate and did not improve.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y ¹
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y ²
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their on-going care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had recently completed an audit of their written medical records to ensure the only records on site were patients who were still registered at the practice and to ensure the practice had access to all medical records of current patients.</p> <p>2 – The practice completed a regular audit of two week wait referrals to ensure patients were seen within the two-week time period.</p>	

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>	0.96	0.90	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>	6.2%	7.6%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Y

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y ¹
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had an electronic stock system to ensure expiry dates of medicines and vaccines were recorded. In addition to this, weekly manual checks of refrigerators and stocks were completed to verify the electronic data.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence:	

Example of a significant event recorded and actioned by the practice.

Event	Specific action taken
A potential safeguarding concern was not correctly referred by a temporary member of staff.	The practice reviewed their induction pack for temporary members of staff and implemented new instructions and guidance for handling potential safeguarding concerns.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y ¹
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 1 – The practice used an electronic system for receiving, handling and distributing safety alerts. We saw evidence safety alerts were being actioned appropriately where applicable and staff were receiving them.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y ¹
Patients' immediate and on-going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: 1 – The practice had an electronic system of receiving changes and updates to NICE guidelines and told us they planned to develop this further by discussing these as part of clinical meetings.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.83	0.81	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- All older patients had a named GP responsible for their overall care and treatment.
- The practice completed regular visits to a local residential care home and had a lead GP responsible for the overall care and treatment delivered.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- There was a named GP responsible for leading on each long-term condition.
- The practice had care plans implemented for patients that were at risk of hospital admission.
- The practice had implemented a diabetic multidisciplinary team meeting which met quarterly and included a hospital consultant, GP and nurse from the practice, a diabetic nurse and a diabetic dietician to discuss complex patients.
- 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 made no exception reports for atrial fibrillation and the practice exception reporting rate for all long-term conditions was generally below the CCG and England averages.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	67.5%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.0% (42)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	64.2%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.1% (66)	10.4%	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 31/03/2018) <small>(QOF)</small>	67.9%	81.2%	80.1%	Variation (negative)
Exception rate (number of exceptions).	10.2% (61)	11.6%	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>	71.1%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (31)	6.2%	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%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.0% (13)	11.2%	11.5%	N/A

	Practice	CCG	England	England
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Indicator		average	average	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)	81.9%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (39)	4.5%	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)	90.4%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.1%	6.7%	N/A

Any additional evidence or comments

The practice was aware of lower performance than CCG and England average for diabetes indicators. The practice believed this was due to the practice's policy of reviewing diabetic patients six monthly, rather than annually; this led to a fluctuation in test results and therefore the practice believed they are at a disadvantage in relation to the recorded performance despite reviewing patients more closely. We saw evidence patients with diabetes were receiving care and treatment that met their needs.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets of 90% with a range of 94% to 95%.
- The practice achieved higher than the 90% target for childhood immunisations. The practice believed this was due to a long-standing Wednesday immunisation clinic which the local population had become accustomed to. In addition to this, the practice offered individual appointments to patients who are unable to access the Wednesday clinic.
- The practice proactively followed up children who had not attended for immunisations and contacted patients by telephone and letter to advise of the importance on immunisations.
- A midwifery clinic operated at the practice twice weekly.
- 40 minute postnatal and six-weekly new baby checks were offered at the practice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services at the practice for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	123	130	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	119	126	94.4%	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)	120	126	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	118	126	93.7%	Met 90% minimum (no variation)

Any additional evidence or comments

Population group rating: Good

Working age people (including those recently retired and students)

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had attempted to improve the number of patients attending for screening procedures by writing to all eligible patients to advise them of the benefits of screening programs and the risks associated with not attending. The practice believed this had led to a higher uptake of screening undertaken in comparison to both the CCG and England averages but the practice were aware they were still below the 80% national target.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	71.8%	68.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.3%	64.0%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	55.6%	44.1%	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)	81.6%	73.8%	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)	44.4%	52.2%	51.9%	No statistical variation

Any additional evidence or comments

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.
- All patients diagnosed with a learning disability or are hearing or visually impaired have notes attached to their clinical record alerting all staff upon accessing the record.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- All patients with a learning disability were offered an annual health check. In the last twelve months, 38 patients were offered a health check and 33 of those patients had received one.
- 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.
- Substance misuse counsellors held clinics at the practice.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- All patients experiencing poor mental health were offered an annual health check. In the last 12 months, 90% of eligible patients had received one.
- Improving Access to Psychological Therapies (IAPT) counsellors were based at the practice and patients could be referred to the service.
- 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 practice had a lead GP for dementia care.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.2%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.5% (14)	9.5%	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)	97.7%	93.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	21.8% (12)	7.8%	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)	72.0%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.4% (4)	6.0%	6.6%	N/A

Any additional evidence or comments

- The practice was aware of the higher than average exception reporting rate for mental health indicators. The practice believed that this was in part due to three patients being diagnosed with a mental health condition shortly prior to the data requiring submission; this meant the patients were automatically excepted with no opportunity for the practice to review them. The practice told us they would review this data and endeavour to make improvements to the number of patients being excepted.

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)	539.9	546.1	537.5
Overall QOF exception reporting (all domains)	5.9%	6.1%	5.8%

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

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

- Following a medical study which showed the risk of significant gastrointestinal bleeds with patients who are prescribed aspirin increase significantly with age. The practice reviewed all patients over 75 who were prescribed aspirin but not prescribed a medicine for gastro-protection.
- On the first cycle of the audit, the practice found 104 patients were prescribed aspirin but not also prescribed a medicine for gastro-protection.
- The practice reviewed the medical records of all 104 patients to determine if an alternative medicine to aspirin could be prescribed, where this was not suitable, a gastro-protective medicine would be prescribed.
- On the second cycle of the audit, the practice found 18 patients were prescribed aspirin but not also prescribed a medicine for gastro-protection. All but one of the patients were either newly prescribed aspirin or had become 75 since the first cycle of the audit and were therefore not included in the first audit. All of these patients were also reviewed and action taken as above.

Any additional evidence or comments

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Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

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>	99.7%	96.1%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.4% (9)	0.6%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

The practice always obtained care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Caring

Rating: Outstanding

The practice was rated as outstanding for providing caring services because:

- Patient satisfaction through the National GP Patient Survey was higher than both the CCG and England averages across all indicators relating to caring.
- Patient feedback through comment cards, reviews on NHS Choices and patient consultations on the day of the inspection were very positive about the caring nature of the practice.
- The practice completed a number of patient surveys, in partnership with their Patient Reference Group, to understand their patient population and work to find new initiatives and innovations to meet those patient needs.
- The practice had proactively identified and supported 485 carers, approximately 4.4% of the practice population. Patients identified as carers were eligible for a number of enhanced services such as tailored flu vaccination invitations, a carer's support advisor held a monthly clinic at the practice and there was literature in the practice waiting room of local support groups and networks.

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Feedback received from patients through comment cards was positive about the care and treatment delivered at the practice. A majority of cards included comments about how well staff treat patients and included specific references to a number of staff.
NHS Choices	The practice had achieved four stars out of five from 11 NHS Choices reviews. The most recent two reviews from within the last 12 months both highlight positivity about how staff treat patients.
Patient consultations	Patients we spoke with on the day of the inspection were mainly positive about how staff treat patients. Three of the four patients we spoke with were happy with how staff treat patients, the fourth patient was not entirely satisfied with all staff.

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
11075	290	113	39%	1.02%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	91.8%	87.7%	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)	93.2%	85.9%	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)	99.2%	95.4%	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)	88.9%	81.0%	83.8%	No statistical variation

Any additional evidence or comments

Question

Y/N

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

Y

Any additional evidence

The practice Patient Reference Group (PRG) complete an annual survey supported by the practice. Each year, the PRG speak with 100 patients at the practice about a variety of different matters. It was decided amongst the PRG to complete surveys to acquire information from patients in relation to specific ideas or queries rather than corroborate the findings of the National GP Patient Survey with similar questioning.

In the most recent PRG survey completed in May 2018, patients were asked about:

- Whether patients preferred multiple medical conditions to be managed at one longer appointment or a number of shorter appointments.
- The practice had recently purchased a small portable device that can quickly determine whether a patient has an irregular pulse. The PRG and practice asked patients if this test could or should be offered to patients on request.
- The preferred contact method for patients following an irregular result.
- The preferred contact method for patients for general information.

The PRG collated the results from the survey and shared them with the practice team enabling the practice to make changes to reflect the wishes of the practice population. We were told the practice implemented changes based upon the majority of respondents and we saw some of these changes had already been implemented, for example, the irregular pulse checker was now available for patients.

Involvement in decisions about care and treatment

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

Y/N/Partial

Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.

Y

Staff helped patients and their carers find further information and access community and advocacy services.

Y

Explanation of any answers and additional evidence:

Source	Feedback
Comment cards	Feedback received from patients through comment cards was positive about how they were involved in decisions about care and treatment at the practice.
NHS Choices	The practice had achieved four stars out of five from 11 NHS Choices reviews. One of the most recent reviews from within the last 12 months specifically highlights positivity in relation to how they were involved in decisions about care and treatment.
Patient consultations	All of the patients we spoke with on the day of the inspection were positive or satisfied about how they were involved in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.9%	92.8%	93.5%	No statistical variation

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y ¹
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice waiting area had a number of leaflets and notices available for patients, such as:</p> <ul style="list-style-type: none"> • A 'self-care' board which contained posters and leaflets in relation to how patients can manage their own conditions and which NHS services are the most appropriate for specific conditions. In addition to national guidance and information such as cervical screening and antibiotic usage campaigns. • A safeguarding board which contained posters and leaflets in relation to domestic violence, suicide prevention, abuse (financial, physical, emotional) and neglect. In addition to this, information on how to report concerns was listed. • A carers board which contained posters and leaflets in relation to local support groups and networks, in addition to the definition of what a carer is. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had proactively identified and supported 485 carers, approximately 4.4% of the practice population. The practice proactively identified carers through consultations, an option to identify as a carer on the check in screen and through the assistance of the Patient Reference Group.
How the practice supported carers.	The practice provided carers with a carer's pack of information of local support groups and networks. In addition to this, carers were provided with tailored flu vaccination invitations, a carer's support advisor held a monthly clinic at the practice and there was literature in the practice waiting room of local support groups and networks.
How the practice supported recently bereaved patients.	The practice told us they would contact the recently bereaved patients and offer any support which is required, including an appointment if necessary. The practice had access and made referrals to Solihull Healthy Minds Counsellors.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y ²
The practice made reasonable adjustments when patients found it hard to access services.	Y ¹
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: 1 – The practice had purchased software for their website which enabled patients to listen to the text and information on the website, rather than reading it on the screen. This assisted patients with visual impairments to access the practice website.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended hours appointments were available at the local extended hours hub. Appointments could be pre-booked through the practice reception, to see a GP, nurse or healthcare assistant. Hours were from 6.30 to 8pm Mondays and Fridays, Saturday 9am to 2pm and Sunday 10am to 1pm.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11075	290	113	39%	1.02%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.6%	94.5%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice were part of the Solihull Together For Better Lives scheme which was a partnership of local health and social care organisations aiming to improve the lives of local residents with innovations. The practice undertook a winter campaign for older patients. This started with patients over 85 receiving a letter at winter time advising of the flu vaccination alongside important self-care information to stay well at winter. Due to the success and feedback from the first campaign, this was extended to patients aged 75 and above. The more vulnerable or complex patients also received a telephone call to check the letter had been received and offer further support. During the most recent winter campaign, cards were distributed to all patients aged 75 advising of emergency and useful contact telephone numbers and useful health information and guidance.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. Patients diagnosed with a long-term condition are provided with an emergency contact telephone number to bypass the normal reception line. Patients were provided with self-help plans and hand-held information booklets when diagnosed with a long-term condition. The practice had purchased six INRstar machines for patients requiring regular blood test monitoring. Patients such as long-distance lorry drivers, teachers and patients commuting to London for work were then able to loan the machines and take their own blood tests and send the results to the practice. Patients were provided with training on the use of the machines and the practice had clear governance systems to manage this system. 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

- Appointments were available early morning or late afternoon for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- All expectant mothers were sent a letter with useful information and guidance for the pregnancy.
- Patients received a letter around their 16th birthday advising them of the services available at the practice including sexual health and contraceptive services.
- The practice was part of the 'red box' scheme which enabled patients to request feminine hygiene products discreetly and free of charge.
- The practice had a dedicated section of their website for young people which contained information of the services available at the practice including sexual health and contraceptive services.

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 held specific appoints for patients who work, for early morning and evening appointments. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of an alliance of local GP practices.
- The practice had funded a text messaging system which enabled patients to respond to practice text messages and cancel appointments by text. This led to a reduced number of patients failing to attend for appointments.
- The practice had worked to achieve Military Veteran Aware Accreditation by having a lead GP and offering extra support for ex-military personnel who may face additional challenges when they return to civilian life.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice was rated as outstanding for providing responsive services to people whose circumstances make them vulnerable because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice offered learning disability healthchecks at specific appointments, but would alter clinics to complete an opportunist healthcheck if a patient with a learning disability presented at the practice outside of the offered appointment times.
- The practice worked in line with the Autism Friendly Royal College of General Practitioners Toolkit to make the practice more 'autism friendly'.
- The practice ensured that patients diagnosed with autism were offered either the first or last appointment of the day. Where this was not possible, the practice ensured that patients with autism were seen at their allocated appointment time, even where clinics were running late, the clinician would prioritise the patient with autism to ensure they were seen at the agreed appointment time.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice had recently seen a member of the travelling community who opportunistically attended the practice despite not being registered.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

The practice was rated as outstanding for providing responsive services to people experiencing poor mental health because:

- The practice had a lead GP for dementia care.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had worked with a local dementia charity to install new signage, clocks and information to become 'dementia friendly' and improve patient experiences at the practice.
- The practice were aware of four patient suicides in the previous 12 months. In order to respond to this, the practice provided all staff with suicide awareness and prevention training and developed a patient leaflet containing information and guidance for patients who may be experiencing suicidal thoughts.
- The practice was aware of support groups within the area and proactively signposted their patients to these accordingly.
- Priority appointments were allocated when necessary to those experiencing poor mental health.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y ¹
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: 1 – Home visit requests made prior to 11.30am were collected by reception staff and noted down for a GP to triage and assess if a home visit is necessary, home visits were then completed where required. Any home visit requests made after this time were directed to the on-call GP to triage and assess if a home visit is necessary.	

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)	80.2%	N/A	70.3%	No statistical variation
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)	71.8%	62.5%	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)	66.6%	63.0%	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)	79.7%	69.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice told us they previously had negative feedback in relation to accessing the practice by telephone. The practice believed due to the telephones behind the reception desk ringing through with incoming calls, this created a perception of extremely busy lines for patients in the waiting area. The practice made the decision to divert all incoming calls to the back office, where a number of staff were able to take the calls. Since this change, the practice have observed a higher score in the indicator relating to accessing the practice by telephone, compared to the England average.

Source	Feedback
Comment cards	Feedback received from patients through comment cards was mainly positive about accessing the practice. One of the 22 comment cards received was positive but contained one negative comment in relation to difficulties accessing appointments at short notice.
NHS Choices	The practice had achieved four stars out of five from 11 NHS Choices reviews. Both of the most recent reviews from within the last 12 months specifically contain positive comments in relation to accessing care and treatment at the practice.
Patient consultations	Patients we spoke with on the day of the inspection were mainly positive about accessing the practice. Three of the four patients we spoke with were positive, the fourth patient was not entirely satisfied with the Wednesday childhood immunisation clinic.

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.	10
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y ¹
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice recorded all complaints including both written and verbal complaints in order to maximise analysis of trends. The practice held an annual review of complaints with GPs, senior nurse and senior reception present.</p> <p>In addition to this, relevant complaints were anonymized and discussed with the Patient Reference Group to obtain patient views on how services could be improved.</p>	

Example of learning from complaints.

Complaint	Specific action taken
A patient was seen by the practice over the course of several months with a wound which did not heal. The patient was later seen by a dermatologist and diagnosed with melanoma.	The practice contacted the patient to apologise, reviewed their internal processes and developed a new wound pathway and protocol which provided guidance to staff when dealing with patients presenting with wounds.

Well-led

Rating: Outstanding

The practice was rated as outstanding for providing well-led services because:

- The practice demonstrated a strong leadership team with clear roles, responsibilities, lead areas and values. Staff we spoke with commented on how the strong leadership team provided clear direction and guidance and impacted on a positive working environment.
- The practice worked proactively with the Patient Reference Group (PRG) to undertake a number of surveys and responded to patient need with a number of innovative services.
- The practice had a strong culture of learning and development and encouraged staff to undertake further learning and training to increase the skill mix within the practice and provide enhanced services to patients.
- The practice leadership team continually assessed and responded to patients' needs within their population group. For example, the practice improved staff awareness and response in relation to suicide awareness and prevention following a higher than normal prevalence. In addition to this, the practice had purchased software for their website which enabled visually impaired patients to listen to the text and information on the website.
- The practice worked to achieve a number of accreditations such as; Military Veteran Aware Accreditation, autism friendly, dementia friendly and Lesbian & Gay Foundation GOLD Pride in Practice to improve the quality of care for patients.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y ¹
There was a leadership development programme, including a succession plan.	Y ¹
Explanation of any answers and additional evidence: 1 – Members of staff we spoke with were complimentary of the practice leadership team and reported they felt comfortable to approach any members of the leadership team at any time. A number of meetings were undertaken at the practice in order to circulate news and ideas both up and down the staff hierarchy. 1 – A member of staff we spoke with had been supported by the practice to take up a more senior role. The practice were also supporting this member of staff through a university degree.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y ¹
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice’s vision was:</p> <ul style="list-style-type: none"> To build on our traditions of providing high quality primary care services in a safe, effective and responsive way, reflecting at all times on patient feedback <p>The practice’s set of values were:</p> <ul style="list-style-type: none"> Our patients are our first priority To treat our patients with dignity and respect To act professionally and with integrity To provide a supportive and fulfilling team environment Serve our community, local care for local patients. 	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y ¹
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – Staff we spoke with advised the practice had good systems which allowed staff to maintain good morale and well-being. For example, the practice had a number of part-time staff who were working flexible hours to ensure they are able to meet other commitments such as childcare whilst the practice was able to maintain a suitable staffing level.</p>	

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

Source	Feedback
Staff consultations	All of the staff we spoke with during our inspection informed us they were very happy working at the practice and felt the morale amongst the staff team was good.
Staff consultations	All of the staff we spoke with during our inspection told us they felt the leaders and management team were all approachable and leading the practice well.
Staff consultations	All of the staff we spoke with during our inspection told us they believed the good quality of care provided is in part due to the leadership and management of the practice.

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.	Y
Staff were clear about their roles and responsibilities.	Y ¹
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: 1 – Each clinician was allocated a number of domains to lead in. For example, one clinician was responsible for; safeguarding (adults and children), heart failure and disease and depression.	

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y ¹
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: 1 – Staff we spoke with told us the practice were willing to listen to staff ideas and implement them where necessary. For example, the older people winter campaign was first identified as an idea by a member of the nursing team which the practice were happy to implement.	

Feedback from Patient Reference Group.

Feedback

We spoke with the chair of the practice's Patient Reference Group (PRG). The chair provided with a number of documents evidencing the work undertaken by the PRG with the support of the practice. The chair was highly positive about the working relationship between the PRG and the practice and felt that they were valued in their position and were able to impact positive change in the practice.

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y ¹
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: 1 – The practice attended a number of external locality meetings, such as a locality safeguarding meeting, which enabled the practice to share and receive learning from safeguarding concerns both internally and externally.	

Examples of continuous learning and improvement

We saw several examples of continuous learning and innovation, for example:

- The practice's senior receptionist started work at the practice as an apprentice and was supported to with various training to now undertake a more senior role. The practice were also supporting the senior receptionist to undertake a university course.
- The practice worked to achieve a number of accreditations such as; Military Veteran Aware Accreditation, autism friendly, dementia friendly and Lesbian & Gay Foundation GOLD Pride in Practice to improve the quality of care for patients.
- The practice had purchased software for their website which enabled visually impaired patients to listen to the text and information on the website.
- The practice was involved in and worked on a variety of projects available within the locality area. For example, one of the practice nurses had recently signed up to become a Digital Champion with the CCG to look at how technology can improve the care and treatment delivered.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant 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.