

Care Quality Commission

Inspection Evidence Table

The Matthews Practice Belgrave (1-542061312)

Inspection date: 9 January 2019

Date of data download: 7 January 2019

Safe

Rating: Good

Safety systems and processes

The practice had some 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.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Dr Chetty was the lead staff member for safeguarding processes and procedures.• We saw evidence from minutes that safeguarding was a standing agenda item at weekly clinical team meetings.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> • A GP locum booking policy and GP locum pack were in place. • Virtual ward meetings and multi-disciplinary team meetings with other health and social care professionals were held monthly to oversee and monitor vulnerable patients. • The practice had a palliative care register in place. • On the day of inspection, we saw evidence that there were systems in place for sharing information with staff and other agencies to enable them to deliver safe care in relation to safeguarding. However, since the inspection we have received information from Sheffield CCG documenting that the practice had not submitted Information to the local Safeguarding Board for a review. This is a statutory requirement and the practice should recognise their duty to cooperate in all aspects of safeguarding, even if their input may have been minimal and records need to be maintained and shared appropriately. 	

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.	No
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Some checks had been made with regard to assessing staff immunity status. However, these did not include checks on Varicella and MMR as required to be in line with current Public Health England (PHE) guidance. • Recruitment checks had been carried out in accordance with regulations for all staff including agency staff and locums and systems were in place to ensure the registration of all clinical staff. 	

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: 6 July 2018	Yes
There was a record of equipment calibration. Date of last calibration: August 2018 (contract in place)	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. COSHH (contract in place)	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 27 December 2018	Yes
There was a log of fire drills. Date of last drill: 27 December 2019	Yes
There was a record of fire alarm checks. Date of last check: June 2018	Yes
There was a record of fire training for staff. Date of last training: December 2018	Yes
There were fire marshals in place (Andrew Moore – Practice Manager)	Yes
A fire risk assessment had been completed. Date of completion: June 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Fire risk assessments for the main site and branch surgery were seen on the day of inspection and actions from these had been completed relating to emergency lighting, evacuation signage and assembly points. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Health and Safety adjustments were seen in surgery maintenance plans. 	

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: November 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Infection prevention and control risk assessments had been carried out although some actions were still outstanding. • All staff had received infection prevention and control training. 	

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.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems 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	Yes

impact on safety.	
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Explanation of any answers and additional evidence:

- At our last inspection we noted that the practice had a sepsis strategy in place, however a member of non-clinical staff we spoke to was not aware of the management of sepsis. At this inspection we observed sepsis strategy posters displayed throughout the building and all staff that we spoke to were aware of the management of sepsis should a patient present with symptoms.
- Staff rotas were in place to manage busy periods.
- We were shown a Significant Event Analysis relating to the management of deteriorating or acutely unwell patients and guidance had been given on identifying such patients.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection we noted that a number of confidential patient records were being held in an area used for occasional external visitor meetings. Although these records were stored behind a security coded door we found some of the drawers were unlocked on the day of inspection. At this inspection we observed that individual care records, including clinical data, were being managed securely and in line with current guidance and relevant legislation. The system for managing and monitoring patient referrals had been improved since our last inspection and there was currently no backlog for the summarising of new patient notes. Eight members of staff had undertaken medical terminology training since our last inspection. On the day of inspection, we saw evidence that there were systems in place for sharing information with staff and other agencies to enable them to deliver safe care. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	0.91	0.92	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)	8.9%	8.5%	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.	No controlled drugs on the premises.
If the practice had controlled drugs on the premises there were appropriate systems and	No controlled

Medicines management	Y/N/Partial
written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	drugs on the premises.
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"> • At our last inspection we issued a requirement notice because Patient Group Directives (PGD's) needed attention to ensure that they were being managed correctly. At this inspection we noted that a new policy was in place to ensure that Patient Group Directives were being managed correctly. For example; all PGD's that we witnessed were signed for and staff had the appropriate authorisations in place to administer medicines. • A protocol was in place to manage prescriptions in line with national guidance. • The management of high risk drug monitoring was effective. For example, 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. 	

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:	13
Number of events that required action:	13
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The systems to learn and make improvements when things went wrong had been improved and we saw a number of Significant Event Analyses to confirm this. We witnessed improved reporting of significant events and shared learning across the practice team. The practice used Datix to record incidents and significant events and have links with the Clinical Commissioning Group to discuss and learn from these. 	

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

Event	Specific action taken
Patient information was entered into the incorrect electronic patient record because a GP had two records open simultaneously.	The GP carried out a significant event analysis which was discussed at the team meeting in order to share learning from this event.
The practice did not have a chaperoning policy in place.	The practice worked with the Royal College of General Practitioners to develop a chaperone policy and chaperone posters. This information was cascaded to the whole practice team and the patient participation group. Additional training was offered to all staff to ensure that all staff were aware of the new policy.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Safety alerts were being cascaded to some staff however this system needed to be more robust in order to provide assurance that all safety alerts were recorded and acted upon.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a system to keep clinicians up to date with evidence based practice, and these were discussed at weekly clinical meetings. At our last inspection we noted that the practice had a sepsis strategy in place, however a member non-clinical staff we spoke to was not aware of the management of sepsis. At this inspection we observed sepsis strategy posters displayed throughout the building and all staff that we spoke to were aware of the management of sepsis should a patient present with symptoms. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.51	0.75	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe

frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	76.6%	78.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.7% (27)	13.4%	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>	72.4%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (31)	9.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	76.0%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.8% (45)	12.5%	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)	66.1%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (7)	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) (QOF)	73.0%	89.5%	89.7%	Variation (negative)
Exception rate (number of exceptions).	13.0% (26)	12.2%	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)	75.5%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.9% (42)	4.2%	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)	85.2%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (5)	6.7%	6.7%	N/A

Any additional evidence or comments

- Using unverified data held by the practice, we saw on the day that 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 was 72% at 9 months.
- The practice had an Advanced Nurse Practitioner (ANP) who is the first ANP to be accredited by Diabetes UK.

Families, children and young people

Population group rating: **Good**

Findings

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	59	61	96.7%	Met 95% WHO based target (significant variation positive)
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)	72	83	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	71	83	86.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	72	83	85.5%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- Initial QOF data identified that childhood immunisations had been under target and the practice were working with the wider multi-disciplinary team to address this issue. At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive improvement.
- QOF financial rewards have been shared amongst practice staff.
- The GP provider is allocating work streams to other clinical team members to promote ownership and to improve QOF around smoking cessation and long-term conditions such as childhood immunisations, diabetes and COPD.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for

patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	69.2%	73.5%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.1%	71.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.8%	56.2%	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)	40.3%	61.3%	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)	47.9%	48.9%	51.6%	No statistical variation

Any additional evidence or comments

- At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive further improvement.
- QOF financial rewards have been shared amongst practice staff.
- The practice achievement of bowel cancer performance was good.
- The GP provider is allocating work streams to other clinical team members to promote ownership and to improve QOF around smoking cessation and long-term conditions such as childhood immunisations, diabetes and COPD.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those

whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	18.7% (14)	14.7%	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)	75.4%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.7% (14)	12.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	79.7%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (8)	6.1%	6.6%	N/A

Any additional evidence or comments

- At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive further improvement.
- QOF financial rewards have been shared amongst practice staff.

Monitoring care and treatment

The practice had a 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)	519.5	520.5	537.5
Overall QOF exception reporting (all domains)	7.4%	6.6%	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
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- We noted that a 2-cycle audit had been carried out to improve the management and treatment of diabetes. This had resulted in improved treatment pathways for patients suffering with this condition.
- The practice had employed a pharmacist to work on site in order to undertake medication reviews and improve patient compliance through pharmacy audits.

Any additional evidence or comments

- At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive improvement.
- QOF financial rewards have been shared amongst practice staff.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Nursing staff had been encouraged to undertake professional courses to support them in their extended clinical role. Health Care Assistants had undertaken on-line training to support them in their extended role. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The provider 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	Yes

services.	
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Explanation of any answers and additional evidence:

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 carer's as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice held a range of public health awareness days since our last inspection for example diabetes education, a carers day, and they have supported a running track to support patients to improve their physical health. Patients suffering with dementia had been supported by a 'Walking for Purpose' initiative. At our last inspection we noted that some end of life care plans had not been implemented for some patients residing at the local care home. At this inspection we observed that end of life care plans had been implemented for all patients at the local care home. 	

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)	92.0%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (25)	0.8%	0.8%	N/A

Any additional evidence or comments

- At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive improvement.
- QOF financial rewards have been shared amongst practice staff.
- The GP provider is allocating work streams to other clinical team members to promote ownership and to improve QOF around smoking cessation and long-term conditions such as childhood immunisations, diabetes and COPD.



Consent to care and treatment

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

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

Caring

Rating: Requires Improvement

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">A number of practice staff were able to communicate with patients in various languages other than English.	

CQC comments cards	
Total comments cards received.	7
Number of CQC comments received which were positive about the service.	4
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were blank.	1

Source	Feedback
Two comment cards	Two patient comment cards identified concerns about obtaining a GP appointment.

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
8338	281	108	38.4%	1.30%

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)	80.7%	89.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	74.8%	88.2%	87.4%	Variation (negative)
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)	84.3%	96.5%	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)	61.4%	82.5%	83.8%	Variation (negative)

Any additional evidence or comments

The practice has installed new IT systems and hardware and recruited new staff to allow the creation of a call centre environment and has agreed an installation date for a new telephone system of February 14 2019. The practice telephone system will be open for increased hours during the day and will allow easier access for patients wanting to contact the practice.

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

Any additional evidence

The practice had carried out its own patient survey in April 2018 due to the negative implications of the National Patient Survey. This survey had been completed by 115 patients. Comments were generally very positive about the service and included:

- 75% of patients would recommend the surgery to their friends and family.
- 93% of patients rated the reception team as good or excellent.
- 92% of patients felt the attitude of the GP/Nurse was good or excellent.
- 34% of patients didn't feel as involved as they wanted to in decisions about their care.
- Some patients were finding it difficult to book appointments.

Involvement in decisions about care and treatment

Staff needed to help patients to be more 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • A number of practice staff were able to communicate with patients in various languages other than English. • Staff need to help patients to be more involved in decisions about their care and treatment. 	

Source	Feedback
Interviews with patients.	We spoke to four patients on the day of inspection. Most of these patients were very satisfied with the standard of care provided by the service and had been patients for

	many years. Two patients interviewed complained about accessing GP appointments and felt that this aspect of the service needed to be improved. The practice is trying to address this issue by piloting GP telephone triage and a new telephone system has been purchased to improve telephone access.
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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)	84.0%	93.2%	93.5%	No statistical variation

Any additional evidence or comments

- Staff need to help patients to be more involved in decisions about their care and treatment.

	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: <ul style="list-style-type: none"> • A number of practice staff were able to communicate with patients in various languages other than English. • The practice held a 'Carer's Support Day' since our last inspection. 	

Carers	Narrative
Percentage and number of carers identified.	140 = 2%
How the practice supported carers.	Carer's Support Day held in June 2018
How the practice supported recently bereaved patients.	The practice contacted the recently bereaved patient and followed this with a card.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients were supported to ensure confidentiality through access to a private room should they wish to discuss sensitive issues. 	

Responsive

Rating: Requires Improvement

Responding to and meeting people's 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent data at this inspection showed some improvement and the practice are using their QOF task force to drive improvement. QOF financial rewards have been shared amongst practice staff. The GP provider is allocating work streams to other clinical team members to promote ownership and to improve QOF around smoking cessation and long-term conditions such as childhood immunisations, diabetes and COPD. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.00 – 18.30
Tuesday	08.00 – 18.30
Wednesday	08.00 – 18.30
Thursday	08.00 – 18.30
Friday	08.00 – 18.30
Appointments available:	
Monday	07.00 – 18.00
Tuesday	07.00 – 18.00
Wednesday	07.00 – 18.00
Thursday	07.00 – 16.00
Friday	07.00 – 18.00
<ul style="list-style-type: none"> Appointments were available on alternate sites on Saturdays from 0800 – 11.00 Primary Care Sheffield Hubs are available out of hours to offer patients extended access to 	

services.	
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8338	281	108	38.4%	1.30%

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)	83.8%	94.2%	94.8%	Variation (negative)

Any additional evidence or comments

The practice had carried out its own patient survey in April 2018 due to the negative implications of the National Patient Survey. This survey had been completed by 115 patients. Comments were generally very positive about the service and included:

- 75% of patients would recommend the surgery to their friends and family.
- 93% of patients rated the reception team as good or excellent.
- 92% of patients felt the attitude of the GP/Nurse was good or excellent.
- 34% of patients didn't feel as involved as they wanted to in decisions about their care.
- Some patients were finding it difficult to book appointments and the practice should improve access to their service.

Older people

Population group rating: Requires Improvement

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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment if this was appropriate.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was

coordinated with other services.

Families, children and young people Population group rating: Requires Improvement

Findings

- Additional nurse appointments were available 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.

Working age people (including those recently retired and students) Population group rating: Requires Improvement

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 such as on-line booking.

People whose circumstances make them vulnerable
group rating: Requires Improvement

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)
Population group rating: Requires Improvement

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 mostly 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 absolutely necessary.	Yes
<p><i>Explanation of any answers and additional evidence:</i></p> <ul style="list-style-type: none"> The practice was in the process of piloting GP telephone triage to support patients who need an appointment. The practice should improve patient access to services. 	

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)	40.5%	66.8%	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)	45.6%	66.4%	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)	42.6%	62.3%	65.9%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.2%	74.2%	74.4%	No statistical variation

Any additional evidence or comments

- The practice was piloting a GP telephone triage system to improve access.
- The practice had purchased a new telephone system to improve telephone access for patients.
- The practice had carried out its own patient survey in April 2018 due to the negative implications of the National Patient Survey. This survey had been completed by 115 patients. Comments were generally very positive about the service and included:

- 75% of patients would recommend the surgery to their friends and family.
- 93% of patients rated the reception team as good or excellent.
- 92% of patients felt the attitude of the GP/Nurse was good or excellent.
- 34% of patients didn't feel as involved as they wanted to in decisions about their care.
- Some patients were finding it difficult to book appointments.
- The practice should improve patient access to services.

Source	Feedback
For example, NHS Choices	Patient reviews on NHS Choices were mixed with both negative and positive feedback relating to poor telephone access and staff attitude.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> On the day of inspection, we noted that complaints were shared amongst the wider practice team at clinical team meetings and themes were discussed with the Patient Participation Group to improve and develop shared learning. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was concerned about the treatment of his wife at the Sheffield Teaching Hospital although there were concerns relating to the practice.	The patient was invited to the practice to discuss the situation and a significant event analysis was carried out.
A patient was upset with their treatment and prescription options	A personal response was provided by the GP to explain the reasons for their treatment plan.

Well-led

Rating: Good

Leadership capacity and capability

The development of compassionate, inclusive and effective leadership is being developed.

	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.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At our last inspection in March 2018, we noted that the practice was in the process of implementing a complex process of change management in order to make improvements and develop the service. At this inspection we observed that the practice had worked through a substantial process of change management in order to make improvements and develop their service in collaboration with the local Clinical Commissioning Group (CCG), NHS England and the Royal College of General Practitioners (RCGP).• At our last inspection in March 2018, we noted that the practice had undergone a number of significant changes to their senior management team. For example, GP partnership arrangements had changed because one of the GP partners had stepped down to become a salaried GP and a new Registered Manager had recently been appointed. At this inspection we observed that the practice had undergone a number of recent and significant leadership changes and was nine days into a new contract as a single-handed provider.• At our last inspection in March 2018, we noted that practice governance arrangements needed to be fully embedded to ensure lasting and positive changes could be sustained within the practice. At this inspection we observed that new practice governance arrangements had been implemented to develop lasting and positive changes within the practice.• At this inspection we observed that the practice had worked as a team to face and numerous challenges over the last 2 years. The GP provider had developed plans to receive mentorship support in his new role.	

Vision and strategy

The practice is developing 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.	Partial
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"> • This service was only nine days into a new contract and needs a stabilisation period. • The practice holds regular meetings with the CCG, NHS England and the RCGP to ensure that progress was being maintained. • The practice team has considered joint working with another practice to drive the service and ensure that progress was being maintained. • At this inspection we observed that the practice had worked as a team to face numerous challenges over the last 2 years. The GP provider had plans in place to receive mentorship to support him in his new role. 	

Culture

The practice is developing a culture to drive high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice holds regular meetings with the CCG, NHS England and the RCGP to ensure that progress was being developed and maintained. At this inspection we observed that the practice had worked as a team to face and numerous challenges over the last 2 years. The GP provider had plans in place to receive mentorship to support him in his new role. 	

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

Source	Feedback
Administrative Staff members	'I enjoy working at the practice and the practice manager has an open-door policy.' 'We are working together to ensure that the practice can improve'

Governance arrangements

Clear responsibilities, roles and systems of accountability to support good governance and management were in development.

	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"> The practice holds regular meetings with the CCG, NHS England and the RCGP to ensure that progress was being maintained. At this inspection we observed that the practice had worked as a team to face numerous 	

challenges over the last 2 years. The GP provider had plans in place to receive mentorship to support him in his new role.

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 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"> On the day of inspection we witnessed a systematic programme of clinical and internal audit. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice has a QOF Task Force in place to adjust and improve QOF performance. In addition, the practice have employed two Advanced Nurse Practitioners and a practice Pharmacist to drive and support decision making. 	

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"> The Patient Participation Group are highly supportive of the practice and enjoy working with them to drive and develop improvement. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We met with the Patient Participation Group on the day of inspection at their request. The group have been very supportive of the practice during a difficult period. They told us that they felt involved and listened to in the improvement and development of the practice and its culture.

Any additional evidence

<ul style="list-style-type: none"> The Patient Participation Group have written to the Care Quality Commission to offer their support to the practice during a difficult period.

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: <ul style="list-style-type: none"> The practice had carried out a number of Significant Event Analysis to share learning and drive improvement. The practice had carried out a number of training and development workshops for staff including sepsis management and chaperoning. 	

Examples of continuous learning and improvement

<ul style="list-style-type: none"> The practice had employed two Advance Nurse Practitioners to support them in their delivery

model and to improve and develop patient care.

- A new staff competency framework had been introduced in order to upskill both clinical and administrative staff and help to support them in their roles.
- The practice continued to be supported by the CCG, NHSE and the Royal College of General Practitioners in order to develop their services.
- The practice had acted to achieve improvement in the areas identified in the last inspection report.

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.