Care Quality Commission

Inspection Evidence Table

Dr N A Turner & Partners (1-545920542)

Inspection date: 8th January 2019

Date of data download: 02 January 2019

Overall rating: Requires improvement

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

We have rated this practice requires improvement for caring, and for responsive services, and good for safe, effective and well-led services. This overall rating of requires improvement affected all population groups.

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
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

- On the day of the inspection we were told by the practice that all patients classed as vulnerable

Safeguarding	Y/N/Partial
had an icon attached to their electronic patient file which was recognised by all staff and made them aware when accessing their records. • The practice told us they carry out an audit of patients classed as vulnerable and discuss them at weekly clinical meetings.	

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
• On the day of the inspection we looked at the records of four members of staff, they had received the necessary checks required. • Staff knew who led on safeguarding at the practice and where to go for advice. • The practice told us relevant staff attended safeguarding meetings. • All staff had received a DBS check, and trained chaperones at the practice. • Patients vulnerability was identified on their medical records to support staff to provide a service to meet their needs. • There were safeguarding information on the walls of consulting and treatment rooms along with information for referrals. • We were told clinicians had excellent communication links with care home managers, health visitors and school nurses when needed.	

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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:	Y June 2018
There was a record of equipment calibration. Date of last calibration:	Y June 2018
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:	Y April 2018
There was a log of fire drills. Date of last drill:	Y April 2018
There was a record of fire alarm checks. Date of last check:	Y October 2018
There was a record of fire training for staff. Date of last training:	Y March 2018
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y May 2018
Actions from fire risk assessment were identified and completed.	Y
Evidence seen on the day of the inspection showed two members of staff had received appropriate training to become fire marshals for the practice. Fire drills were conducted and recorded. Fire alarm checks were carried out and documented Actions identified from the fire risk assessment: To ensure oxygen was stored in a well-ventilated area away from ignition sources. We found this action had been completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 17/11/2019
- Health and safety risk assessments had been carried out however, not documented. We were told by staff that any issues identified, were dealt with daily. - After the inspection we were provided written evidence of previous actions taken and the process the practice would take to record and document health and safety risk assessments formally for the future.	

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:	March 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
The infection control lead provided evidence of hand washing audits, carried out every 6 months. Actions from audits: Identified from the infection prevention and control audits included replacing any carpeted flooring with washable flooring. We found this action had been completed in certain areas of the practice. Staff told us all carpeted areas would be replaced in due course.	

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
- We were told staff used national pathways to identify and assess patients with possible sepsis. - Sustainability and cover for staff absences and busy periods was provided by training the staff to be multiskilled. - Staff knew how to raise the alarm if an emergency occurred. - We saw clinical waste was stored securely and locked-up. Spillage kits were seen to deal with possible bio hazard events. - We were told by staff that the reception area had a chair opposite the desk where they would ask patients who they felt appeared unwell to sit while waiting for a GP to become available, allowing them to monitor more closely.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

- The practice used icons and flags to identify vulnerable groups for example vulnerable children, and people at the end of their life.
- There was a procedure to ensure test results were dealt with in a timely manner and managed when clinicians were absent.
- The computer system used by the practice was compatible with the walk-in service and community services which allowed excellent communication between stakeholders in the local area.
- Two week wait and referral letters were appropriately prioritised and tracked to ensure people did not experience delays.

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)	0.95	1.11	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.2%	10.9%	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

Medicines management	Y/N/Partial
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 and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems 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

- Appropriate antimicrobial antibiotic use at the practice was monitored by the local medicine management team and supported by the practice audit clerk.
- Prescriptions were locked away securely and tracked throughout the practice to ensure they were safe.
- There was a procedure to manage uncollected prescriptions. Checks were made to ensure people were safe when a prescription had not been collected.
- Monthly checks were made on high risk medicine prescribed.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make 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:	14
Number of events that required action:	14
We saw significant events were discussed in the clinical meetings bi-weekly. Learning and actions were seen in the minutes.	

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

Event	Specific action taken
Two week wait referrals delayed because one GP had not followed a new procedure despite the completion of the referrals.	Procedural changes made at the practice, and patients are advised at consultation to contact Tiptree Medical Centre if they had not received an appointment within two weeks.
Unexpected suicide of patient.	Engaged with the family and supported. The importance of establishing and documenting any suicidal ideation of depressed patients discussed at clinical meeting. Consider the need for face to face consultations and telephone calls.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Significant events were reviewed in clinical and practice meetings. Any learning acquired was shared and discussed in these meetings to reduce the risk of repeated events. None of the events seen needed the services of the ombudsman to resolve. We saw safety alerts were discussed during clinical meetings and searches were carried out to ensure patients received safe care and treatment.	

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:	12
Number of events that required action:	12
Significant events were reviewed in clinical and practice meetings. Any learning acquired was shared and discussed in these meetings to reduce the risk of repeated events. None of the events seen needed the services of the ombudsman to resolve.	

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

Event	Specific action taken
Patient complained they had seen a clinical pharmacist not a GP and had not been told prior to the appointment. Investigation showed, pharmacist had seen an appropriate condition.	Partially upheld: Reception staff were reminded they must inform patients the clinician type they will be seeing, and if necessary the reason they are appropriate.
Patient complained they could not get an appointment of their choice. Investigation showed, patient called at 1.30pm for an appointment and was offered two but declined as the time did not suit them.	Not Upheld: Two appointments offered, both declined at the time as not suitable.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
- The medicines and healthcare regulatory agency (MHRA) alerts, were recorded showing the date alerts were received and who they were tracked to throughout the practice. - The documented alerts showed the staff members that had actions and when they had taken. We checked patients records that had been affected by recent alerts and found they had received the required actions.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help, and what to do if their condition deteriorated.	Y
Annual long-term condition and mental health review management ensured patient outcomes were monitored and improved.	

Prescribing	Practice	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)	0.61	1.26	0.81	No statistical variation
We were told the practice was working with the local clinical commissioning group (CCG) medicines management team to reduce this figure.				

Older people

Population group rating: Good

Findings
- All people over 75 were advised of their named GP. People over 75 were also offered a health check.   - The frailty/palliative care meetings, were held quarterly and included community nurses, end of life nurses, and a hospice representative.   - Home visits were offered to housebound patients, this included visits for example, to review long term conditions or provide flu vaccinations.   - The practice followed up older patients discharged from hospital, to ensure their care plans and medicine needs had been updated to reflect any changes.   - Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.   - The practice had several Care Homes that have patients registered at the practice. These were regularly visited by the Nurse Practitioner or the GP when needed.   - We were told a greater tolerance for patients not attending for their appointments and late arrivals was given to this population group.

People with long-term conditions   Population group rating: Good

Findings
• All patients with long-term conditions (LTC) had a structured six-monthly review to check their health and medicines needs were being met. For patients with more complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We were told these reviews were more frequent if there were any concerns.   • Housebound people had their annual reviews undertaken at home.   • We found a co-ordinated system in place to ensure patients were seen according to their clinical need and sent reminders for their review.   • Staff responsible for reviewing patients with LTC had received specific training.   • Clinicians followed up patients who had received treatment in hospital or through out of hours services, for example, an acute exacerbation of asthma.   • The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.   • Adults with newly diagnosed cardio-vascular disease were offered statins.   • Patients with suspected hypertension were offered blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Practice warfarin monitoring was undertaken.   • Flu vaccinations were offered to all patients with a LTC annually.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.5%	76.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.3% (47)	6.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.9%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.9% (19)	5.0%	9.8%	N/A

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)	82.7%	79.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (48)	8.5%	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)	74.9%	74.2%	76.0%	No statistical variation

Exception rate (number of exceptions).	9.8% (82)	4.6%	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)	89.8%	87.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	18.1% (37)	9.8%	11.5%	N/A

Any additional evidence or comments

Practice quality performance data for long term condition (LTC) management showed their achievement was of no statistical variation when measured against local and national practices. We asked about the lower achievement for hypertension, and were told the audit clerk had been tasked to explore any low QOF achievements and identify patients to call in for LTC review.

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)	73.6%	81.4%	82.6%	Variation (negative)
Exception rate (number of exceptions).	2.1% (43)	2.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.9%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (5)	4.7%	6.7%	N/A

Families, children and young people   Population group rating: Good

Findings

- We were told children under the age of five were automatically given priority when requesting appointments, and where possible asked to come in as soon as they can.
- All staff had completed the appropriate safeguarding training. Receptionists knew who the safeguarding lead was at the practice and how to raise a concern.
- The practice had a process 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 attendances of children's appointments. For example, following an appointment in secondary care they liaised with health visitors when necessary.
- The practice website had national and local patient help to support patients with self-help.
- Patients in the population group that had been admitted to hospital for an 'over-night' stay were called by a member of the nursing team to ensure they have everything they needed and that any post discharge needs or care were met.
- We were told that patients were encouraged to participate in smear, bowel, mammogram, and abdominal aortic aneurysm programmes opportunistically and with posters in the waiting room and on the website.
- There were allocated appointments with the senior nurses and nurse practitioners for family planning/contraception and hormone replacement therapy reviews.
- Engagement with the GP partnership allows patients in this group to access appointments outside core GP hours through extended access which might be more convenient around work / family / school demands.

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)	122	125	97.6%	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)	114	122	93.4%	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)	116	122	95.1%	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)	114	122	93.4%	Met 90% minimum (no variation)

Any additional evidence or comments

- Childhood immunisation uptake rates were comparable or higher than the World Health Organisation (WHO) targets.

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

Findings
• On line appointments, SMS text reminders and electronic prescribing (to the patients chosen pharmacy) and repeat prescribing were available. • NHS Health Checks were available and medical checks for workers provided. • The practice had systems to inform students to have the meningitis vaccine, before attending university for the first time. • Private medicals were available for those that needed them. • There were daily telephone appointments available for problems that could be discussed on the telephone, to support this population group without the need for them to attend the practice premises.

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)	78.2%	74.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	70.8%	71.2%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	62.1%	56.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	53.8%	65.5%	70.3%	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)	52.9%	56.5%	51.9%	No statistical variation

Any additional evidence or comments
The cancer indicators guided by the practice to monitor, remind and refer people in a timely manner, showed no statistical variation with local and national practices.

People whose circumstances make
them vulnerable   Population group rating: Good

Findings
• The practice provided primary care services to six learning disabilities homes. • They also had a travelling community and a small number of patients working at a local factory and a hotel complex who do not have English as their first language. The practice told us they understood this could increase the risk of safeguarding to these two groups of patients due to possible lack of education, different cultural beliefs around vaccinations, and frequent movement around the area. We were told the reception team, were able to recognise patients from the travelling community to facilitate their appointment request effectively.

- We were told a greater tolerance approach was given to this population group when considering patients non-attendance for their appointments and late arrivals.
- An alert on the home screen of patients considered vulnerable notified staff to provide the flexibility needed for this population group when requesting appointments.
- All staff members had received up-to-date online training to safeguard vulnerable adults and children.

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

Findings

- One of the GP partners had specialist knowledge in mental health through an advanced diploma in primary care mental health. They were supported by a regular GP locum whose previous role was a consultant psychiatrist at the local mental health trust.
- The practice had dementia-friendly status, having worked proactively to manage signage and the environment to ensure the suitability for the needs of dementia patients. There was a 'dementia-friendly champion' within the reception team for dementia patients to recognise and connect with, on entering the practice.
- The patients in this population group were identified on the home screen of their medical records to aid staff provide with the information needed to provide for their service needs.
- Patients admitted to hospital for an 'over-night' stay, were called by a member of the nursing team to ensure they had everything they needed post discharge.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing annual health checks. During annual health checks interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were provided.
- There was a system to follow-up patients who failed to attend for their review of long-term mental health medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them remain safe.
- Through regular engagement with the CCG, the practice acknowledged local and national importance of the early recognition of dementia and were aware the number of patients on their dementia register was less than 65% of expected diagnosis at-risk patients aged over 65 years. A GP partner subsequently reviewed the coding to ensure relevant patients were not missing from the register. This exercise identified additional patients for the dementia register.
- Patients identified at risk of dementia were offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients and their carers were provided a link when appropriate to the NHS dementia website guide, this was also available on their website.

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)	90.7%	84.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	7.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.0%	84.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	6.0%	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)	73.8%	80.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.2% (9)	8.0%	6.6%	N/A

Any additional evidence or comments
The practice mental health quality performance data showed they exceeded local and national practices due to their effectiveness and responsiveness. We were told the practice higher exception rates for mental health related indicators was due to the compliance of patients in this population group that did not attend appointments. The practice population has a lowest deprivation score and patients in this population group often move without letting the practice know. We were shown the process used to except patients and found it met national guidance.

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)	547.6	525.7	537.5
Overall QOF exception reporting (all domains)	4.1%	4.4%	5.8%

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

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

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Example 1 - Audit of appropriate dose of Apixaban.
NICE guidelines state; Apixaban dose should be reduced in patients with at least two of the following criteria:
- age 80 years and over,
- body weight less than 61kg,
- serum Creatinine 133micromol/l and over

The practice undertook an audit of patients prescribed Apixaban to ascertain they were prescribed the dosage in line with guidance. A search of patients with two or more of the audit criteria receiving Apixaban on repeat prescription. The search found 100% of patients were receiving the dose in line with guidance. The learning points identified were, assurance their patients that met two or more of the criteria were receiving the reduced dose of Apixaban, and 100% of their patients that met two or more criteria were informed and carefully monitored. A planned re-audit for June 2019 will assure the practice of continued compliance with guidelines for this cohort of patients.

Example 2 - Audit of outcomes following ear syringing.
Following a patient's complaint, that post ear irrigation they developed 'Otitis Externa' the decision was taken to search the ear syringing procedures carried out over the past 12 months to ascertain whether this has occurred before. Of the 309 patients identified as having ear irrigation two developed otitis externa, after the procedure. This equated to less than 1% developing Otitis Externa. Clinicians providing this procedure discussed their techniques during the procedure and the cleaning of the equipment after procedure. The learning points identified was the importance to adhere to the highest levels of infection control during the procedure, ensure patients are fully informed regarding the procedure and any outcomes and the cleaning of equipment as per procedure, to ensure excess water is expelled and dried thoroughly between uses. A planned re-audit for April 2019 will assure the practice of continued compliance with practice procedure to improve outcomes for this cohort of patients.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
We found staff records showed staff development, performance, professional revalidation, training, and competency checks where required.	

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
Multi-disciplinary palliative care meetings were held quarterly. We saw evidence of co-ordinated care and treatment decisions taken during these meetings.	

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

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)	95.6%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (13)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Records seen showed patient consent was recorded, this included verbal consent when appropriate.	

Caring

Rating: Requires Improvement

We rated the practice as requires improvement for caring services, due to the lack of actions taken to improve low patient satisfaction.

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

CQC comments cards	
Total comments cards received.	3
Number of CQC comments received which were positive about the service.	2
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patients	Efficient polite and thorough, best GP service encountered in 50 years.
	The service has improved greatly recently, reception staff respectful.
	No apology when referral not received by specialist.

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
11491	238	118	49.6%	1.03%

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)	74.5%	85.7%	89.0%	Variation (negative)
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)	71.2%	84.2%	87.4%	Variation (negative)

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	82.6%	94.3%	95.6%	Variation (negative) (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)	48.9%	78.8%	83.8%	Significant Variation (negative)

Any additional evidence or comments
We asked the practice about the low satisfaction scores received in the last national GP patient survey. We were told the reception staff had received training from the lead GP to support them to deliver a caring service to patients. The practice had also appointed a social media monitor to address Facebook comments to assess and improve patient feedback. Since the last survey, the practice had developed action plans developed in response to low patient satisfaction, however they did not cover the areas of low satisfaction covered above. When we spoke with four patients on the day of inspection about patient access, the responses were more positive than those in the latest national GP patient survey results.

Involvement in decisions about care and treatment

Any additional evidence
The practice monitored and reviewed 'Friends and Family' returns to understand patient satisfaction improvements when needed. Feedback from GP appraisals showed most responses were very good, or good for: • Making them feel at ease. • Listening to them. • Assessing their condition. • Explaining their condition and treatment. • Decisions about treatment. • Providing 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
We were show training that had been provided to reception staff to support them to deliver a caring service to patients.	

Source	Feedback
Interviews with patients.	Patients told us they were involved in their care and treatment decisions, and were given the opportunity to make choices about their care.

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)	86.5%	92.1%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y On request
Information about support groups was available on the practice website.	Y
We saw a range of information leaflets from various support organisations in the waiting room and available on the practice website. Staff told us they had access to and used 'The Big Word' if an interpreter was needed.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 130 carers, this equates to 1.13% of their patients.
How the practice supported carers.	Carer's packs were available in the reception/waiting room area. Information was available on the practice and on the website. Administrative staff knew they needed to identify and add a carers code onto the patient record system. This allowed staff to be flexible when offering support or appointments. Patients on the carers register were reviewed annually to check they had received a health check and a flu vaccination.
How the practice supported recently bereaved patients.	Staff told us if families had suffered a bereavement, their GP or nurse contacted them to offer an appointment when appropriate. They offered patients the support of the GP care advisor to claim for any benefits available and the staff updated the patient records in a timely way.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

There were arrangements to ensure confidentiality at the reception desk.	Y
The reception area supported confidentiality. Patients were asked to stand back if there was a queue at the reception desk. Paperwork, prescriptions and pathology forms waiting to be collected were located away from the desk to ensure they could not be seen by patients waiting at reception. There was signage at the reception desk to offer a private place to discuss sensitive issues.	

Responsive   Rating: Requires Improvement

We rated the practice as requires improvement for caring services, due to the lack of actions taken to improve low patient satisfaction. These issues affected all population groups so they are also rated as requires improvement.

Responding to and meeting people's needs
The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a clinician triage system to assess whether an appointment or home visit was clinically necessary and the urgency for medical attention. There was a mobile hearing loop device available in a prominent place in reception, for those with reduced hearing to access.	

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

Extended Access
The practice was a member of 'Colte' group GP practice partnership and appointments were available outside the normal working hours.
Appointments up to 8pm on weekdays, Saturdays during the day, and Sunday mornings were available within partnership practices.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11491	238	118	49.6%	1.03%

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)	82.6%	94.0%	94.8%	Significant Variation (negative)
We spoke with four patients on the day of the inspection and all stated their care and treatment needs were met at appointments.				

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. Home visits and urgent appointments were provided for those with enhanced needs and complex medical issues.
- The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- We were told people over 75 were given an appointment when they requested.
- The practice had developed 'in-house' services due to their rural location with the community health providers. These included: phlebotomy, audiology, podiatry, abdominal aortic aneurysm screening, dementia advisor, GP Care Advisor (who visit patients for advice and support around benefits) support social care input, liaison with the community matron and initial cognitive scoring prior to referral to the memory clinic.

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

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local community nursing team to discuss and manage the needs of housebound patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life were coordinated with other services. The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients.

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

Findings

- Appointments were available before and after school hours so that school age children did not miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances or at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- On-line and mobile technology was available for all patients that had consented to use it. On-line appointments were available and SMS texting was used to remind patient of upcoming appointments.
- Repeat prescribing and electronic prescribing service (EPS) was available, enabling patients to collect medication from their preferred pharmacy.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. This was confirmed on the day by parents that spoke to us.

- If a parent or the school had concerns relating to a child's hearing, the practice could make a referral without the child having to see a GP.

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. • Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email. • Consultations were available over the phone when appropriate to add greater access for this population group.

People whose circumstances make them vulnerable
Population group rating: Requires improvement

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 could 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
The practice told us their population demographic had a high number of patients with mental health conditions, including depression.
Priority appointments were allocated when necessary to those experiencing poor mental health.
Double length appointments were provided for patients with complex needs.
Staff we spoke with understood how to support patients with mental health needs and those patients living with dementia.
Patients at risk of dementia were identified and offered an assessment appointment to detect possible signs of dementia.
The practice was aware of support groups within the area and signposted their patients to these accordingly.

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

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

necessary.	

National GP Survey results

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)	24.7%	n/a	70.3%	-
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)	40.0%	61.9%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	36.6%	61.1%	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)	48.4%	71.7%	74.4%	Variation (negative)

Any additional evidence or comments
In response to these low satisfaction scores received in the last national GP patient survey, the practice had made several changes to their appointment system, and introduced a triage phone answering process. These changes had been made to improve low patient satisfaction when accessing an appointment. However, the practice will not know if these changes have improved patient satisfaction until the next national GP survey data is published in July 2019. They told us that patients had been more positive in the NHS Choices feedback over the past six months.

Source	Feedback		
NHS Choices the last five reviews	Telephone access	★★★☆☆	based on 5 reviews.
	Appointments	★★★☆☆	based on 5 reviews.
	Dignity and respect	★★★☆☆	based on 5 reviews.
	Involvement in decisions	★★★☆☆	based on 5 reviews.
	Providing accurate information	★★★☆☆	based on 5 reviews.
	We saw all patient feedback was reviewed and answered by the practice manager, to acknowledge and provide information with regards to their comments.		

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.	23

Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
We saw that learning from complaints were discussed with staff at practice meetings.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint was raised by a patient to the practice who was unhappy with the attitude of a GP.	The practice manager spoke with the complainant and the GP wrote a letter of apology. The GP concerned was provided with constructive feedback to prevent a repeat of the complaint and reflected on their communication when speaking with patients. Evidence showed this was specifically discussed with the GP in question and documented in their appraisal. Future performance was monitored.
1. Complaint regarding appointment access. Complaint raised by patient to practice.	This complaint was partially upheld. Investigation: - Choice of appointment offered however inconvenient for patient. Learning: - Although new telephone triage appointment procedure in place for greater choice of appointments. Reception Manager to provide more training for receptionists on awareness of individual patient needs.

Well-led   Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The practice was very clear with us that their vision was 'To provide high quality healthcare for their 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
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

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

Source	Feedback
Staff members	We were told the management and clinicians were all visible daily, supportive and accessible.
	Staff told us they were encouraged to raise concerns, suggest new ideas, and they felt listened to. Staff also told us they had been given opportunities for training and development.
	Staff were kept informed and updated with information and changes in processes or procedures regularly during practice meetings.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Review dates within policies and procedures were well managed and updates were seen to meet current guidelines and legislation.	

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
We saw a range of clinical and administrative audits to monitor patient outcomes and internal administrative processes to show performance and understand where improvements were needed. These included internal clinical audit to improve patient outcomes, actions in a plan to improve patient satisfaction, and the practice own patient survey.	

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
We saw staff performance was reviewed within annual appraisals.	

Engagement with patients, the public, staff and external partners

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

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

needs of the population.	
The staff told us they were encouraged to be involved with planning and improving services at the practice. New staff told us they had received a comprehensive induction, and were not expected to work unsupported until they were comfortable with their role.	

Feedback from Patient Participation Group.

Feedback
The participation group (PPG) held meetings on a regular basis and the annual report was available for all patients to access on the practice website. It was clear in the report that PPG members were kept informed of any changes or challenges at the practice. We also saw PPG members opinions were sought and changes made when appropriate.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
- The practice reviewed their appointments system including visiting other surgeries that had improved their access, to improve their own patients access and satisfaction. A telephone triage system named 'GP first' via a telephone call was implemented a year ago. The GP could book face-to-face on the same day or appointments when convenient for the patient. However, it became clear this system did not match patient demand for appointments. Patients complained they were frequently left waiting prolonged periods of time to speak with a receptionist, and then a GP. In March 2018 a 'hybrid' system allowing patient and GP preference to choose between a telephone, or face-to-face appointment, either pre-booked, or seen on the same day was introduced. This new system improved patient feedback, evidenced by all five responses received over the last six months on their 'NHS Choices' patient reviews were positive regarding access.   - Engagement with the group of practices called 'Colte' aimed to; strengthen primary care locally, improve patient services, develop greater staff recruitment and retention, And create development opportunities. A GP partner at the practice chairs this group. Further objectives were; to make it easier for practices to sustain, thrive and survive, improve the work life balance of practice staff, to generate efficiencies and business opportunities for the future.   - The practice recognised the importance of early dementia awareness. One of the GP Partners reviewed the coding process to ensure relevant patients were on their register. To improve dementia care, they became a dementia-friendly practice. They trained a 'dementia-friendly champion' for the reception team and provided appropriate signage in the reception environment.

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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.

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