

# Care Quality Commission

## Inspection Evidence Table

### Balance Street Practice (1-571020005)

Inspection date: 19 February 2019

Date of data download: 04 February 2019

## Overall rating: Good

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

## Safe

## Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because:

- The systems, processes and practices that helped to keep patients safe and safeguarded from abuse were insufficient. In particular, their safeguarding policies did not reflect current national updates and they had not implemented a system to monitor and follow up children who did not attend their appointment following referral to secondary care.
- Staff had not been in receipt of all training appropriate for their role.
- There were gaps in the practice process for monitoring patients' health in relation to the use of high risk medicines.

### Safety systems and processes

The practice had most systems, practices and processes in place 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.	Partial
There were policies covering adult and child safeguarding.	Partial
Policies took account of patients accessing any online services.	N

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Policies and procedures were monitored, reviewed and updated.	Partial
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).	N
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Although the practice had updated their safeguarding policies they did not reflect current practice updates such as female genital mutilation (FGM) or modern slavery.</p> <p>There was no system in place to follow up on children referred into secondary care.</p> <p>The practice ensured that safeguard electronic system codes were applied to patient records. Within the locality there was a lack of health visitor attendance at practice safeguard meetings.</p> <p>Staff spoken with were unclear of which part of their electronic systems they could locate the most recent policy, procedures and guidelines. The practice manager could demonstrate where these were located within the practice electronic systems.</p> <p>We reviewed safeguard training records and found that not all staff had safeguard training to the appropriate level for their role. This was addressed by several staff during the inspection.</p>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The administration staff vaccination histories were not maintained in line for example and there were no risk assessments in place for those without full vaccination histories. We however that the practice manager had forwarded staff health questionnaires to occupational health for review.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 06/02/2019
There was a record of equipment calibration. Date of last calibration:	Yes December 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 2018
There was a log of fire drills. Date of last drill:	Yes 11/01/2019
There was a record of fire alarm checks. Date of last check:	Yes 19/02/2019
There was a record of fire training for staff. Date of last training: Face to face training as well as on-line training	Yes 07/02/2019
There were fire marshals.	Yes
A fire risk assessment had been completed.	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Certificates were seen of staff fire marshal responsibilities training on 7 February 2019. The practice had fire door checklists and evacuation plans for each floor within the building.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Yes February 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes February 2019
Explanation of any answers and additional evidence: The health and safety risk assessments did not include window blind cord risk assessments. The practice manager had booked for a contractor to review the practice electrical safety certificate with an inspection planned in February 2019. Panic alarm test checks were completed on 15 February 2019.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	13/09/2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: A legionella risk assessment was carried out 25 April 2018 all actions required had been completed.	

## 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 to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

## 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

## Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. Improvement was needed in the process for monitoring patients' health in relation to the use of high risk medicines.**

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)	1.25	1.02	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)	11.5%	8.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	7.17	5.60	5.64	Variation (negative)
Average daily quantity of oral NSAIDs	3.05	2.21	2.22	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance	Yes

Medicines management	Y/N/Partial
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to ensure they remained safe and effective.

Explanation of any answers and additional evidence:

The practice provided near patient testing for patients on higher risk medicines such as Warfarin. There were shared care arrangements in place for patients who attended secondary care as they were prescribed high risk medicines which required regular monitoring. The practice was located between three secondary care locations that patients attended. However, there was no shared electronic results system to enable the practice to readily review these blood test results. This meant that the practice had to regularly contact secondary care for the results prior to repeat prescribing high medicines for these patients.

We reviewed records of patients on high risk medicines requiring regular monitoring and found;

- Seven patients out of the 48 patients prescribed a medicine called sulfasalazine used to treat rheumatoid arthritis showed as overdue blood monitoring checks. We reviewed three records and found one patient had not been reviewed since June 2018, another since July 2018 and one patient had stopped the medicine.
- Nine patients out of 18 patients prescribed a medicine called azathioprine used to treat rheumatoid arthritis showed as overdue blood monitoring checks. We sampled three records and found secondary care letters for two from January 2019 and one patient had not been reviewed since October 2018.
- 20 patients out of 68 prescribed a medicine called methotrexate used to treat rheumatoid arthritis showed as overdue blood monitoring checks. We reviewed three records and found these were overdue.
- Three out of 145 patients on a blood thinning medicine appeared to be overdue but on review of these records we found that blood test monitoring appointments had been made.
- Two out of five patients prescribed a medicine for severe mental health were overdue monitoring, one since October 2018 and another since June 2018.

These findings were discussed with the clinical staff who provided assurances that patient medicine monitoring recall systems were in place and that the findings during the inspection would be actioned.

Following the inspection, the practice produced an action plan and reported the process the practice had in place was under review to make improvements and reported the following updates:

- Of the seven patients prescribed a medicine called sulfasalazine overdue blood monitoring checks, three were reviewed completely by secondary care and monitored at the hospital, the remaining four were contacted to attend for monitoring.
- Of the nine patients prescribed a medicine called azathioprine overdue blood monitoring checks, two were monitored by secondary care and the remaining four were contacted to attend for monitoring. The practice identified that there were now only 15 patients on this medicine not 18.
- Of the patients prescribed a medicine called methotrexate the practice found that there were 49 patients now on this medication. They reviewed their records and established that eight patients were monitored by secondary care, five patients had appointments booked and the remaining six had been contacted to attend for monitoring.
- Of the patients prescribed a medicine for severe mental health who were overdue monitoring, one patient had an appointment to attend for monitoring and the other was being contacted.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	NA
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The practice dispensary was in the reception lobby area of the practice premises. The dispensary manager supported a team of dispensers all of whom had been in receipt of Buttercup level 2 dispensary training which took place over a year. The dispensary supported five dispensary students each supported by a member of the dispensary team. The students completed a full role specific induction as well as the practices mandatory training both in house face to face training and on line.</p> <p>The practices standard operating procedures included the dispensing of medicines without the GP signature. The process in place was that the patient consulted with their GP and the prescription was sent immediately from the GP to the dispensary electronically. We were shown that all GPs at the practice had signed a document with permissions to dispense unsigned prescriptions sent through to the pharmacy from the GP this was signed by the GPs on 22 January 2019 and one GP on 29 January 2019.</p> <p>The practice had refurbishment plans in place for their dispensary which staff were aware of and had been involved with.</p> <p>The GPs advised that they had an agreement in place with a private pharmacy to deliver medicines from the practice dispensary for their eligible patients. We found that there was a standing operating procedure in place at the practice dispensary for the delivery of medicines. This included completion of a delivery sheet, ensuring that dispensed medicines were sealed in the dispensary bags and securely fastened. That the labels contained the patients name, address and postcode. Once the dispensed medicines were taken to the private pharmacy for delivery by dispensary staff that a photocopy of the</p>	



prescription was taken as well as a photocopy of the completed delivery sheet. All deliveries along with a copy of the delivery sheet went to the private pharmacy the evening before the due date of delivery. The standard operating procedure noted the known risks.

We asked for a copy of the agreement in place with the private pharmacy regarding the deliveries and of the safeguards including, staff employed to complete the deliveries and confidentiality. These were forwarded following the inspection.

**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:	8
Number of events that required action:	8
<p>Explanation of any answers and additional evidence:</p> <p>Significant events were a standing agenda item at the practice clinical and managerial meetings held regularly at the practice. The practice maintained a log of all significant events in the form of a spreadsheet which included the date of the incident, type, overview, investigation, the outcome, any further actions taken, the date to review and the date resolved/completed. This enabled the practice to have oversight and review and analyse and trends identified. The practice departmental meetings included representatives from all staff groups and the representatives held responsibility for cascading information relevant to their team such as any policy or procedure updates following an incident or event.</p>	

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

Event	Specific action taken
<p>Fridge temperatures.</p> <p>No recordings of fridge temperatures over night</p>	<p>Investigations found that the external fridge temperature gauge had been knocked off the fridge. The investigation could not fully identify how this had happened.</p> <p>The practice used internal fridge back up data loggers to both vaccine fridges and found that there had been no temperature breaches.</p> <p>The practice found that the use of back up data loggers had assisted in this case and that all vaccination fridges should have these data loggers in place.</p>

	The practice printed copies of the data from the data logger from the fridge affected and this was held with the significant event record. The data had confirmed that the fridge temperatures had not been compromised.
Needle stick injury	<p>The practice invoked its needle stick injury policy in response to a member of staff who had received a needlestick injury during a procedure.</p> <p>The injury was reported as a significant event. The local occupational health service was contacted.</p> <p>The event was clinically discussed, and investigations were undertaken.</p> <p>The significant event record however did not state that an accident form was completed or that the policy and procedure was reviewed in line with the investigation or findings.</p>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patient safety alerts were received by practice to both the dispensary and the practice manager. The practice manager forwarded the alerts to the clinical staff for action. We reviewed records and found that actions had been taken on patient safety alerts. However, there was no spreadsheet maintained of the alerts received, who they were cascaded to, or a clear audit trail of the actions taken. It was not easy for these alerts to be easily referenced or accessed by staff.</p> <p>The dispensary employed a system of printing off patient safety alerts and once actioned or requiring no action this was recorded on the printed off document, signed, dated and filed in their patient safety alert folder.</p>	

## Effective

## Rating: Good

We rated the practice as good for providing effective services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice understood the needs of its population and tailored services in response to those needs. There was evidence of several projects and services the practice had been involved with to ensure patients' needs were met.

### Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.58	0.62	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 had created a programme entitled 'Living Well' with colleagues from a local hospice and support from the patient participation group and the third sector. A clinical tool to identify older patients living with moderate or severe frailty were invited to participate in a 12-week programme. Those who took up the invite attended a weekly meeting for three months to focus on improving their physical and mental wellbeing.
- Three raised chairs with arm supports that were reserved for older or disabled patients for comfort had been provided by the practice and donations from local charities.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any additional or changed 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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
  - Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
  - 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>	72.9%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.9% (38)	13.1%	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>	63.6%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.0% (31)	7.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.1%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (36)	11.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.8%	75.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (27)	5.6%	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) <small>(QOF)</small>	92.2%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.5% (12)	9.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.3%	83.6%	82.6%	Variation (negative)
Exception rate (number of exceptions).	2.7% (52)	3.6%	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) <small>(QOF)</small>	94.4%	91.0%	90.0%	No statistical variation

Exception rate (number of exceptions).	6.7% (13)	6.2%	6.7%	N/A
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### Any additional evidence or comments

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was lower than the CCG and England average but also had lower exception reporting. We discussed this with the practice nurse who advised that improvements had been noted and monitoring was in place for this year's quality outcomes framework submission.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care. However, should a patient fail to attend for a childhood immunisation the practice liaised 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 influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	115	120	95.8%	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) <small>(NHS England)</small>	119	126	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	118	126	93.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	119	126	94.4%	Met 90% minimum (no variation)

(01/04/2017 to 31/03/2018) (NHS England)				
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**Any additional evidence or comments**

The practice planned to further increase uptake for childhood immunisations which included, patient recalls, phone calls, contact with the health visitor and child health.

**Working age people (including those recently retired and students)**

**Population group rating: Good**

**Findings**

- The practice had systems to encourage eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	74.3%	72.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.8%	61.2%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	60.5%	57.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	80.5%	74.8%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	57.3%	53.8%	51.9%	No statistical variation

**Any additional evidence or comments**

The practice provided information to its patients to support them to take up screening programmes when they are offered.

The practice notice boards provided literature for patients to read take away on the benefits of screening.

The Patient Participation Group (PPG) advised that they attended when there were screening events to support the importance of the health screening message.

### 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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

### 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.
- 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.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.1%	92.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.5% (7)	16.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and	84.1%	91.1%	90.0%	No statistical variation



other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	6.8% (5)	16.4%	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)	73.1%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (5)	3.4%	6.6%	N/A

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533.9	547.3	537.5
Overall QOF exception reporting (all domains)	3.0%	5.8%	5.8%

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

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

<p>The practice completed regular audits of any post-surgical complications. This was used to assess the appropriateness of minor operations undertaken and ensure that GPs were working within their scope of practice.</p> <p>The practice recorded that during 2018 and January of 2019 all patient histology results were appropriately followed up and no post procedure complications were reported. The minor operations undertaken were carried out without complications and within the skill set of the GP.</p> <p>The practice completed an audit to identify frail patients in order to offer suitable candidates lifestyle intervention via the local 'Living Well Program.'</p> <p>The practice found that 31 patients who were then invited to participate in the 'Living Well Program' first wave. The practice and patient participation group invested time to improve local community-based lifestyle interventions in a bid to improve health and reduce social isolation outcomes for frail older patients and reduce inappropriate hospital admissions.</p>
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Twelve patients attended the first programme. They completed pre and post metrics to appreciate tangible improvements made. The findings included measurable improvement in patient grip strength, sit and stand activity improvements as well as balance. Social isolation and community engagement improvements included continued attendance at Uttoxeter Cares and included a variety of activities. The findings were yet to be fully audited. The next programme was due to take place in May 2019.

An audit was completed to identify patients with Chronic Obstructive Pulmonary Disease (COPD) and invite suitable candidates to attend the pulmonary rehabilitation programme.

The Practice identified 113 patients who were identified as meeting the criteria and 86 patients who were suitable to be invited to attend the pulmonary rehabilitation programme. Since the audit completion the practice reported that to date 19 patients had been electronically coded as having completed the programme. The practice planned to complete a review of hospital admission rates for COPD patients in the practice as part of the clinical commissioning group quality assurance review in March 2019.

An audit was completed to identify patients who were clinically assessed as within the pre-diabetic range for a lifestyle intervention programme.

The Practice identified 1043 patients as having had a particular blood test, HBA1c, in the 42-47 range considered as pre-diabetic in the last 12 months. A total of 144 invites were sent out to patients assessed as suitable to attend the lifestyle intervention programme.

The uptake to the programme was 35 patients. No immediate results were available. Further audits were planned.

## 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.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when	Yes

their performance was poor or variable.	
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### Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Five different Consultant specialists attended the practice to see patients at various clinics. The PPG, staff and patients reported on the positive benefits this service provided; which reduced the need for patients to travel.</p> <p>The patient participation group (PPG) and the practice reported on the difficulties at times in communication between secondary and primary care. The PPG reported that this included correspondence and test results. The practice registered population could access services at three local secondary care services. The practice had fed back their concerns to the secondary care provider.</p>	

### Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
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The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.9%	95.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (11)	0.8%	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.	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

## Caring

**Rating: Good**

- Patients reportedly positively on being treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.
- The practice National GP Survey results were above the local clinical commissioning group and England averages.
- Improvement in the carer register numbers was required as only 97 registered patients were electronically coded as being a carer which represented 0.7% of the practice population.

### Kindness, respect and compassion

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

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

### CQC comments cards

Total comments cards received.	37
Number of CQC comments received which were positive about the service.	37
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Choices	Patients who had provided feedback on NHS choices rated the practice as five-stars from seven patients' reviews.
Patient Participation Group (PPG)	We received positive feedback from the PPG in respect of kindness, respect and compassion from all staff at the practice.

### 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
13794	257	117	45.5%	0.85%

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)	98.2%	87.7%	89.0%	Variation (positive)
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)	96.9%	86.5%	87.4%	Variation (positive)
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)	98.2%	95.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	97.9%	82.9%	83.8%	Variation (positive)

#### Any additional evidence

The practice National GP Survey results were above the local clinical commissioning group and England averages.

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

#### Any additional evidence

The practice together with the patient participation group support had in the past completed in house patient surveys. There were no recent surveys to report.

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	The two patients we spoke with confirmed they were involved in decisions about care and treatment and were provided with choice were applicable and additional literature to support their decision making.

## 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)	98.7%	93.3%	93.5%	Variation (positive)

## Any additional evidence or comments

The practice National GP Survey results were above the local clinical commissioning group and England averages.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice could provide Information leaflets in other languages and in easy read format these were not held within the waiting room areas but were available on request.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 97 of their registered patients as carers. This represented 0.7% of the registered patient population at the time of the inspection which was 13,824.
How the practice supported carers.	Carers were invited for health checks and to attend for the influenza vaccination programme. The practice had introduced a carers identification form and a referral to their local carers hub
How the practice supported recently bereaved patients.	The practice provided signposting to local bereavement support groups. The practice offered GPs appointments to bereaved families. The practice had developed relationships with the local hospice and Uttoxeter Cares. Services included for example child bereavement counselling and dementia carer support

## 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.	Partial
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: We found that one treatment room did not have screening curtains or a wipeable portable screen in place.	



## Responsive

**Rating: Good**

We rated the practice as good for providing a responsive service because:

- The practice organised and delivered services to meet patients' needs.
- The practice National GP survey findings were in line with or above the local clinical commissioning group and England averages in respect of patient access.

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	9am to 11:30pm and 4pm to 6pm Extended hours pre-bookable 7.45am to 8am
Tuesday	9am to 11:30pm and 4pm to 6pm Extended hours pre-bookable 6.30pm to 7pm
Wednesday	9am to 11:30pm and 4pm to 6pm

	Extended hours pre-bookable 6.30pm to 7pm
Thursday	9am to 11:30pm and 4pm to 6pm Extended hours pre-bookable 6.30pm to 7pm
Friday	9am to 11:30pm and 4pm to 6pm
<p>Following a National Government initiative from 1st September 2018 extra appointments were offered across the whole of East Staffordshire, including evening and weekend appointments.</p> <p>Additionally, a new online digital service is available on Sunday mornings where appointments were offered with a GP via the Q Doctor App for further details <a href="https://www.qdoctor.io">https://www.qdoctor.io</a></p> <p>All practices across East Staffordshire were participating in this extended access.</p>	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13794	257	117	45.5%	0.85%

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)	97.8%	94.4%	94.8%	No statistical variation

### Any additional evidence or comments

The practice National GP Survey results were above the local clinical commissioning group and England averages.

The practice operated a Balance Street Surgery Facebook page which patients could choose to engage with as well as providing text message reminders for appointments and bespoke text messages for results and notifications. Reviews included positive reports on patient access to appointments.

The practice provided a travel vaccination service which included Yellow Fever for which the practice was a certified centre.

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

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

## Families, children and young people

Population group rating: Good

### Findings

- Pre-bookable appointments were available until 7pm Monday to Friday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. If a parent or caregiver was worried about a child, the practice evidenced that they would be seen as a same day appointment which would be extra to their normal appointment schedule.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of their local extended hours service including Saturday and Sundays.

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- The practice held a register of patients living in vulnerable circumstances including 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: Good

### Findings

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

## Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	87.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.0%	66.6%	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)	86.8%	67.9%	65.9%	Variation (positive)
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)	87.8%	73.8%	74.4%	No statistical variation

### Any additional evidence or comments

The practice National GP Survey results were above the local clinical commissioning group and England averages. The practice described their appointment and access ethos as wherever possible completing

patient access requirements on the same day because putting off patient appointments would add to access issues for patients on the following days.

Source	Feedback
NHS Choices	Patients who had provided feedback on NHS choices rated the practice as five-stars from seven patients' reviews.
Practice Facebook page.	The practice operated a Balance Street Surgery Facebook page which patients could choose to engage with. The practice also provided text message reminders for appointments and bespoke text messages for results and notifications. Reviews included positive reports on patient access to appointments.
Friends and Family test.	The practice had had 2846 patient replies to the friends and family test in the previous 12-month period. Of those replies, 96% were extremely likely to recommend the practice. 1.3% neither likely nor unlikely, 2.8% extremely unlikely.

### 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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient made a complaint about a telephone call from the practice regarding an appointment for someone with a similar name to theirs.	<p>The complaint was investigated by the practice.</p> <p>The patient who required the appointment was contacted and informed of the situation by a GP.</p> <p>The staff member involved was notified of the incident for review and reflection and was in receipt of further training.</p> <p>The incident was discussed at one of the practice clinical meeting.</p> <p>The data breach was formally reported, and specific notes made of the whole incident.</p> <p>The practice informed both patients of the outcome and investigation.</p>

## Well-led

## Rating: Good

We rated the practice as good for providing a well led service.

- The practice had developed an action plan to meet the needs of its registered population whilst bearing in mind the aims and objectives of the wider health economy.
- Identified gaps in the practice governance processes had been proactively managed to reduce risk and to develop sustainable care.
- Some policies we reviewed required clinical oversight and were overdue a review.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had developed a long-term practice plan which included succession planning and timelines. The practice was aware of new housing developments locally and the potential impact of additional new patients on the access to their GP service. They reflected on the workforce skill mix requirement to meet growing demand and acknowledged the difficulties in the recruitment of GP partners.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	Yes

Explanation of any answers and additional evidence:

Staff we spoke with did not demonstrate an understanding of the practice vision, values and strategy and their role in achieving them. The practice informed us that the staff survey had pin pointed some areas they could improve one of which was communication. They advised us that they would produce an action plan to involve and inform staff in the practice vision, values and strategy and their role in achieving them.

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff survey	<p>The practice had completed a staff survey on four questions, these include:</p> <ul style="list-style-type: none"> <li>• What improvements do you feel could be made from an employee point of view?</li> <li>• How do you feel we run as a practice?</li> <li>• If someone asked you what do you like best about working here what would you say?</li> <li>• If someone asked you what do you liked least about working here what would you say?</li> </ul> <p>The practice identified areas to improve upon based on staff views and these included:</p> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Ensuring staff do the same things the same way.</li> </ul> <p>The practice found areas that the staff felt they did well which included:</p> <ul style="list-style-type: none"> <li>• How the ran as a practice</li> <li>• Working with colleagues and their team.</li> </ul> <p>The practice management were going to develop an action plan to address the areas for improvement which included a communication strategy.</p>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
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:	
<p>The practice held several in-house meetings with various staff these included for example; clinical meetings, palliative care, training, departmental meetings and partner meetings.</p> <p>Staff also attended external meetings, and these included; locality training meetings, practice manager meetings, practice nurse meetings, clinical commissioning group steering group meetings, and IT user group meetings.</p> <p>There were some policies we reviewed which required clinical oversight and were overdue a review, these included:</p> <ul style="list-style-type: none"> <li>• Decontamination of rigid sigmoidoscopy equipment</li> <li>• Hypertension protocol</li> <li>• Policies referred to the former Care Quality Commission 'Outcome standards'</li> <li>• Safeguarding policy did not reflect current categories of abuse updates such as female genital mutilation and modern slavery. Immediately following the inspection this was updated.</li> <li>• Not all staff had been in receipt of safeguard training appropriate to their role, during and immediately following the inspection this was completed.</li> <li>• Training oversight was required for all staff including specialist training with appropriate refresher training intervals.</li> <li>• Gaps were found in the oversight of the high-risk medicine monitoring. Immediately after the inspection the provider confirmed that they had acted to correct this.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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	Yes



sustainability was assessed.	
Explanation of any answers and additional evidence:	
There were comprehensive assurance systems, but some required clinical review and improvement for example:	
<ul style="list-style-type: none"> <li>• There was no specific system in place to follow up on children referred into secondary care.</li> <li>• Not all staff had been in receipt of safeguard training appropriate to their role. During and immediately following the inspection, the practice forwarded certificates of staff safeguard training completed by staff at the level appropriate to their role.</li> </ul>	

### 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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
There were arrangements for identifying, managing and mitigating risks with a few exceptions which included safeguarding policies and staff safeguard training, policy updates and clinical oversight, high risk medicine monitoring improvements to reduce risk, clear risk assessments and documentation to support the dispensary arrangements for the medicine delivery service in place with a private pharmacy.	

### 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

Feedback from Patient Participation Group.

### Feedback

The patient participation group reported positively on their relationship with the practice, which included their engagement and involvement with the practice team. The PPG consisted of 19 members with a core group of around eight members who met for face to face meetings every two months. The meetings were attended by a GP and the practice manager and the PPG had their own agenda for the meetings as well as any areas the practice may wish to discuss.

The PPG and the practice reported on the difficulties at times in communication between secondary and primary care. The PPG reported that this included correspondence and test results. The practice registered population could access services at three local secondary care services.

The PPG had together with the practice and third sector groups set up a local 'Living well programme.' This included volunteers, transport, the local hospice involvement and Uttoxeter Cares in a 12-week programme. The second programme was scheduled to take place in May 2019.

A health notice board was updated at least monthly of which the theme was researched to tie in with national and local health initiatives.

The PPG reported that patients valued the practice and their access to their GPs highly. They reported that they had many potentially isolated rural communities and that the practice provided a focussed and flexible approach to meeting the communities care and treatment needs. They reported that the practice innovated and assisted patients in receiving some specialist consultant appointments within the practice which reduced patient need to travel for secondary care appointments.

## 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:	
The practice had agreed to sign up to several research projects these included for example: <ul style="list-style-type: none"> <li>• CLASPS. A study aimed to evaluate 'Renewed on Line' an online intervention offering lifestyle and wellbeing support for cancer survivor patients.</li> <li>• The National Centre for Mental Health (NCMH) works to improve diagnosis treatment and support for people affected by mental ill health. The research team will identify patients with one or more mental health diagnosis and invite them to take part in the study.</li> </ul>	
The practice had completed involvement with various research projects which included: <ul style="list-style-type: none"> <li>• i-Wotch study. Improving the wellbeing of patients who were treated with opioid medicine for chronic pain management.</li> <li>• Chronic headache education and self-management study (Chess).</li> <li>• Predication and management of cardio vascular risk in patients with severe mental ill health.</li> <li>• Tudor. A study of patients with undiagnosed psoriatic arthritis.</li> </ul>	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score"

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.