

Care Quality Commission

Inspection Evidence Table

The Exchange Surgery (1-550710548)

Inspection date: 5 March 2019

Date of data download: 27 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>Safeguarding policies were comprehensive, easily available to all staff and regularly reviewed and updated.</p> <p>There was a named child protection lead who attended the local child protection forum and cascaded learning from serious case reviews. Staff had received training on child protection issues, child sexual exploitation, gang culture, female genital mutilation and domestic violence.</p> <p>Nurses had been booked on courses to complete level three safeguarding in line with collegiate guidance.</p>	

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Due to a change in practice management, records were unavailable regarding staff Hepatitis B immunisation status. The practice had recognised this and we saw evidence that all staff had received letters asking for information and offered screening and immunisation where necessary and this was in progress. The practice also acknowledged that they were unaware about the need for MMR immunity to be checked for non-clinical staff. We saw that this was also in progress to assure themselves staff had the appropriate immunisation.</p>	

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: 13/12/18	Y
There was a record of equipment calibration. Date of last calibration: 13/12/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 2/7/18	Y
There was a log of fire drills. Date of last drill: 2/5/18	Y
There was a record of fire alarm checks. Date of last check: 13/02/19 and 20/02/2019	Y
There was a record of fire training for staff. Date of last training: February 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 23/8/18	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Fire risk assessments and checking of equipment was carried out by the owners of the building and we saw that the practice had oversight of this. During the last fire risk assessment, it was identified that the control panel needed changing and that this had been actioned.</p> <p>All receptionists had received fire marshal training to ensure appropriate cover in the event of a fire and this had been updated in January 2019.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 4/2/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6/11/18	Y
<p>Explanation of any answers and additional evidence:</p> <p>During this assessment it was recognised that the practice was not clear whether staff were immune to the Hepatitis B virus and actions were put in place to resolve this.</p> <p>The practice paid for staff to receive regular eye tests and following the assessment, as some had not</p>	

taken up this offer, staff were reminded of this.

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.	Partial
Date of last infection prevention and control audit: 14/12/18	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>Actions from the most recent audit had resulted in sharps containers being attached to the walls and the vaccine fridge plug being labelled "do not unplug".</p> <p>The practice manager had oversight of the cleaners employed to service the whole building. A buildings audit had been completed in November 2018 and we saw that issues identified had been actioned.</p> <p>The lead nurse for infection prevention control (IPC) had not undertaken additional training to fulfil this role. However, she was aware of how and when to gain advice when necessary. We discussed the need for additional training for the lead nurse and were told that access to this training was unavailable in the area, but that they were looking at alternative ways to ensure they gained enhanced competencies for this role as soon as possible.</p> <p>Non-clinical staff had received training in appropriate handling of specimens. Non-clinical staff did not deal with spillages. Policies covering these areas were in place.</p>	

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 another 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

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
Explanation of any answers and additional evidence: There was a system of weekly peer review for all referrals that were not in the two week wait system. This ensured the most appropriate pathway for the patient and reduce unnecessary referrals. This process meant certain patients were then seen by another doctor within the practice with a special interest in that particular area of medicine. This sometimes led to treatment or clinical management suggestion being made, that could be tried before considering the need for referral to an outside service.	

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)	0.50	0.62	0.94	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.1%	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)	4.45	4.99	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.20	1.35	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NA
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	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Some recommended emergency medicines were not held on site. For example, those to be used if a patient suffered from a seizure. However, we saw that a risk assessment had been undertaken and these medicines were quickly available from the pharmacy.</p> <p>One defibrillator was on site for the building which was easily accessible. This was checked by the resuscitation team from the local trust. The practice did not have oversight that the landlords were having it checked between these visits, in line with the Resuscitation Council UK guidelines. However immediately following the inspection we saw that the practice had acted to ensure a log of checks were implemented by the landlords.</p> <p>The practice was the only practice within the Lambeth clinical commissioning group to achieve all the medicine optimisation targets that had been set. This had been achieved through a unified approach by all prescribers, consistent and vigorous oversight by the practice and the employment, in conjunction with two other practices, of a clinical pharmacist who focussed on specific areas of medicine optimisation, prescribing best practices and the rationalisation of polypharmacy (patients on multiple medicines)</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: The practice had reported three of these incidents on the Datix system which would enable risks and learning to be shared at a wider level.	

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

Event	Specific action taken
A patient with prostate cancer had been missed for follow up and regular monitoring had not been undertaken.	The incident triggered a review of the systems in place to ensure appropriate follow up was carried out for all patients with this diagnosis. Reflection by the practice followed by audit and the implementation of an agreed protocol was initiated.
The result of an ECG was not clearly documented, which led to it being filed incorrectly and follow up not being processed appropriately.	Systems were changed following discussion at a clinical meeting so that all ECG results would be passed to the duty doctor who would action if abnormal and passed to the named GP of normal.

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
Explanation of any answers and additional evidence: A GP partner led on this process. Two of the GP partners, the practice manager and the pharmacist received the alerts. We saw that patient searches and appropriate action had been taken for the sample of alerts we looked at on inspection.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was 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
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that demonstrated that the practice took opportunities for sharing learning and updates of best practice. For example, a GP had attended a paediatric asthma study day and key learning and areas where their own practice needed to change to ensure current best practice was adhered to, were shared and discussed at a clinical meeting.</p>	

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>	0.37	0.45	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a nationally recognised electronic clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Each partner within the practice had a designated long terms conditions lead who were also responsible for cascading developments in best practice and quality improvement programmes.
- The practice had worked consistently to improve identification of patients at risk of developing diabetes.
- The practice had participated in the National Diabetes audit for the last three years. Results showed that improvements had been made each year and that the practice was achieving above (89%) the national average (46%) for all eight care processes in type 2 diabetes.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- 100% of patients on the register with a diagnosis of atrial fibrillation had been assessed for stroke risk and treated appropriately.

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>	81.0%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.0% (28)	10.0%	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>	91.8%	75.7%	77.7%	Variation (positive)
Exception rate (number of exceptions).	3.9% (11)	7.7%	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>	78.9%	78.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.4% (29)	10.0%	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>	86.0%	78.5%	76.0%	Variation (positive)
Exception rate (number of exceptions).	2.8% (9)	2.3%	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>	94.8%	92.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	5.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.4%	80.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (6)	4.1%	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)	97.0%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (3)	7.4%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were not always in line with the World Health Organisation (WHO) targets. We saw a practice action plan was in place to address the areas that fell below the target. This included sending a card on the birthday of a child due for immunisations and using social media to encourage patients to attend, as well as education around the need to be appropriately immunised. The practice had looked at trajectories over time and found that compliance varied from above target rates to below. The practice had a high turnover of patients (20-25%) and higher than average number of four-year olds registered with the practice which combined, contributed to the challenges in ensuring that children were immunised at the correct times and the variable figures.
- The practice participated in joint paediatric clinics organised by the local NHS Trust. Joint clinics were also held with a GP registrar and a Paediatric registrar. Post clinic learnings were discussed and cascaded with the practice clinical team. The practice also had access to paediatric consultant advice via consultant connect. These measures had reduced referrals into secondary care.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- Local resources were utilised to further support these patients. For example. The Well Centre for

teenage counselling, children and young people specialist nurse clinics.

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>	98	111	88.3%	Below 90% minimum (variation negative)
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>	85	93	91.4%	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>	79	93	84.9%	Below 90% minimum (variation negative)
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) <small>(NHS England)</small>	86	93	92.5%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication and check test results where appropriate without the need to attend the surgery. The practice had worked hard to encourage patients to register for on line access and as a result 34% were registered for on line access. The GPs also utilised email to respond to simple questions for existing conditions to support patients who found it difficult to get the surgery during working hours.

--

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)	68.3%	66.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	61.3%	62.4%	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)	40.7%	42.6%	54.5%	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)	87.5%	77.3%	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)	46.7%	52.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice had an action plan to improve the numbers of eligible women receiving cancer screening and improve towards the 80% target rate. Actions taken included:

- Text messages to remind women that they are due for their screening.
- Daily appointments reserved for cervical screening bookings.
- A computer screen prompt reminding staff to encourage patients to make an appointment.
- Walk in clinics on Saturdays to try and encourage working women to attend. These were advertised on social media and in the surgery one week before the clinic and non-attenders would be sent an additional text message. The practice had compared the same six-month period in 2017-2018 (pre- walk in clinics) and 2018-2019 when the walk-in clinics were in operation and an additional 49 women had attended for cervical screening.

Measures were in place to improve breast and bowel cancer screening and they were taking part in an enhanced service for this purpose, which included bowel non-responder screening advice.

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 had 48 patients on the learning disability register who either lived in the six residential homes or supported living homes. A practice nurse with a special interest, had ensured that all 48 patients had received a holistic health review in the last year, which included support for support staff and carers. The practice worked closely with a local homeless day centre and was the named surgery for all their health needs. The practice ensured patients received appropriate care and treatment including regular reviews for those with long term conditions.
- The practice delivered healthcare to those patients living in a local substance misuse and rehabilitation unit.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. For example, the practice had a register of 40 patients diagnosed HIV positive and had ensured all patients had been offered appropriate immunisation.
- The practice demonstrated that they had a system to identify people who misused substances. The practice also delivered healthcare to those patients living in a local substance misuse and rehabilitation unit.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- A GP partner had completed a diploma in Mental Health and proactively ensured there was effective collaboration with the Community Mental Health Team to support unwell patients in the community.
- The practice had worked with a local community psychiatrist, who had attended the practice to review the capacity of a patient who had a serious mental illness and a likely cancer diagnosis and was refusing to attend the hospital for treatment.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.2%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	5.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.7%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (2)	5.0%	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) <small>(QOF)</small>	100.0%	82.4%	83.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	4.2%	6.6%	N/A

Any additional evidence or comments

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)	543.9	540.5	537.5
Overall QOF exception reporting (all domains)	4.2%	5.0%	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

- The practice audited whether patients diagnosed as positive HIV were getting best practice care and treatment. The initial audit showed that 34% patients did not have appropriate medicines recorded, five out of seven women had not received annual cytology screening. Following interventions to improve, a second cycle of the audit showed that: 90% had appropriate medicines recorded, 2 women had responded to the invitation for cervical cancer screening but had failed to return in 2018 although they had been informed of the need for annual screening in the call. Learning from the audits had been shared with staff and action to further improve identified.
- An audit to assess the effectiveness of monitoring for patients diagnosed with prostate cancer was initiated following a significant event where a patient had been missed for follow up, to minimise the risk of this happening again. The initial audit demonstrated that 95% of patients had received appropriate monitoring. Following changes to processes and systems a follow up audit showed that 100% of patients had received appropriate monitoring and systems were effective in ensuring that the improved was maintained.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA
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.	NA
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

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

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
<p>Explanation of any answers and additional evidence:</p> <p>A wellbeing leaflet had been developed to support patients in managing their own health and which also signposted them to the most appropriate care pathway and support services. The practice was planning to share this leaflet with other local practices.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.8%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (4)	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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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.	36
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comments we received included that staff were courteous and empathetic and that concerns were listened to and taken seriously. There was one negative comment regarding that wrong information had been given on one occasion by the administrative staff.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6922	417	88	21.98%	1.27%

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)	94.4%	88.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.1%	86.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.7%	94.1%	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)	84.8%	83.8%	83.8%	No statistical variation

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

Any additional evidence

The practice uses social media to canvas patient feedback. One question at a time only was asked as they had found that this resulted in a better response. Following a question asking for feedback on how they could reduce the numbers of patients who do not attend for appointments, two patients attended the practice to explore this further. This led to a focussed campaign to encourage patients to cancel appointments when they were unable to attend.

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

	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

Source	Feedback
Interviews with patients.	We spoke with two patients on the day of the inspection who both gave positive comments about their experiences regarding aspects of 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)	95.2%	92.3%	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
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>An information leaflet was produced to encourage patients as risk of developing diabetes to be assessed. This was also translated into Spanish to support the high-risk South American population.</p> <p>The practice utilises patients with a foreign language as their first language, to translate certain items for their social media. Receptionists have learnt simple question in Spanish to assist patients who make up 6% of practice population and a Spanish speaking GP was able to consult with patients who found it difficult to communicate in English.</p>	

Carers	Narrative
Percentage and number of carers identified.	81 (approximately 1.2% of the practice's population)
How the practice supported carers.	Patients were messaged asking them if they were a carer and signposted them to a link on the practice's website to register. All known carers were coded on the practice's system. Information for carers was available on the website.
How the practice supported recently bereaved patients.	The named GP called the family and a sympathy card was sent. Bereaved relatives were signposted to other services where they could find appropriate to 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.	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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware that confidentiality at the reception desk was a challenge. Amendments to the lay out was not possible due to the co-location of other services in the same area of the building.</p>	

However, the practice was in discussion regarding this for when they were moved to a different area of the premises.

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-8pm
Tuesday	8am-8pm
Wednesday	8am-8pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am – 7.40pm
Tuesday	8am – 7.40pm
Wednesday	8am – 7.40pm
Thursday	8am -6.20pm
Friday	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6922	417	88	21.98%	1.27%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.7%	94.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. A nurse within the practice led on conducting holistic needs assessments for patients over the age of 80 and over 65 who were housebound in their own homes. This had also helped the practice identify carers who were not on the register to ensure they received the support they needed. This had also improved case management following discussion with the multi-disciplinary team and appropriate referrals to other services where appropriate. For example, the falls clinic. The practice pharmacist reviewed the medicines prescribed to older people on multiple medicines to simplify and reduce the burden of medicines being taken. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. 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

- Nurse appointments were available before and after school hours so that school aged children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm Monday, Tuesday and Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, through the GP Access Hub service commissioned by the Clinical Commissioning Group. Appointments were available through this service Monday- Friday 11am to 8.00pm, Saturday, Sundays and Bank Holidays 8am to 8. pm.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had 48 patients on the learning disability register who lived in either of the six residential homes the practice delivered medical services to. A practice nurse with a special interest, had ensured that all 48 had received a holistic health review in the last year, which included support for support staff and carers. The practice had hosted a visit from the local Healthwatch which received positive feedback and constructive suggestions as to how they could improve. For example, that easy read literature could be better utilised and how to access this literature. The practice nurse had also participated in a video, for use with local health care services, around how to deliver quality health care to patients living with learning disabilities.
- Patients individual needs and preferences were central to the planning and delivery of care. For example, a patient living with learning disabilities was not coping with preferred treatment options; the practice met with those involved in the care, to discuss the patient's mental capacity and

options of care that would be the least restrictive to the patient. As attendance at the practice was resisted by the patient, photographs via email were used to monitor progress against their care plan. This approach meant that the patient received optimal care and improved outcomes.

- The involvement of other organisations and the local community were integral to how services were planned and ensured that services met patient needs. The practice worked closely with a local homeless day centre and was the named surgery for all their health needs. The practice ensured patients received appropriate care and treatment including regular reviews for those with long term conditions.
- The practice had worked collaboratively with local organisations to improve the care of patients experiencing domestic abuse. This had included working closely with ASHA (a South Asian organisation working to end violence against women and girls) and a local refuge charity (The Gaia Centre) who provided emotional and practical support for those suffering from domestic abuse. All staff had received training in domestic abuse and the practice was utilising clinical templates (HARK) that improved identification of patients at risk. This had meant that vulnerable patients were getting appropriate support in a timelier way.
- The practice delivered healthcare to those patients living in a local substance misuse and rehabilitation unit.

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.
- There was a proactive approach to understanding the needs of different groups of people and to ensure they received the care to best meet their needs. For example, the practice was proactive in referring to LIFT (a programme to provide practical support to patients with serious mental illness and other long-term conditions). This meant that patients were receiving care that met more of their health care needs. We were told that the practice accounted for 25% of LIFTs case load.
- A GP partner had completed a diploma in Mental Health and proactively ensured there was effective collaboration with the Community Mental Health Team to support unwell patients in the community. Training was provided to the practice staff to ensure the practice could provide care that was integrated and person centred. All, except one patient, who were diagnosed with a serious mental illness had a comprehensive and agreed care plan documented in their records
- The practice was responsive in ensuring a patients' voice was heard whilst also ensuring the best care possible was delivered They also recognised that at certain times, support from specialist was necessary. An example of this was where the practice had worked with a local community psychiatrist, who was asked to attend the practice to review the capacity of a patient, who had a serious mental illness and a likely cancer diagnosis and was refusing to attend the hospital for treatment. This gave the practice assurance that the patient had received the best possible care within the constraints faced.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. 100% of the patients diagnosed with dementia

had received an annual review and had an appropriate care plan in place.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were access care and treatment in a timely way.

National GP Survey results

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

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)	69.6%	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)	61.0%	71.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	66.5%	67.8%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.9%	73.2%	74.4%	No statistical variation

Any additional evidence or comments

The provider had recognised that responses around access to appointments were lower than local and national averages. In response to this the practice had implemented a Quality Improvement Programme to address this. Actions had included:

- Incorporating more telephone calls for each doctor each day, some of which were blocked to give

capacity to respond to same day demand.

- Ensuring that approximately half of phone appointments were available to book weeks in advance and these were also available to book on-line.
- Patients were, wherever possible, informed via text and/or email of necessary actions when test results were reviewed to free up telephone lines.
- Following consultation with the patient participation group, the wording of appointments slots which were visible to patients were amended to make it easier to understand and book appropriately.
- The practice had undertaken an audit of Potentially Avoidable Appointments which helped them to understand a patient's demand better. Following a patient pathway process mapping exercise at a team training session, staff were trained in active signposting to ensure patients received the most appropriate service. The reception team was now able to offer the best appointment option with the most appropriate member of staff.
- An audit had been completed of the phone calls coming in to the practice, numbers of requests for same day appointments and those for advance appointments which has helped them to adjust the number of same day appointments depending on the expected demand.
- Engagement with patients to understand and attempt to reduce the numbers of patients not attending for their booked appointments.
- The practice had conducted its own survey and in response to this, they introduced phased release of appointments that could be booked throughout the day to reduce phone pressure at peak times.
- We received no negative comments from patients we spoke with on the day of the inspection or from the comment cards regarding access to the practice by telephone or the making of appointments. Recent feedback to the practice via the patient participation group indicated that the interventions had improved access.

Source	Feedback
For example, NHS Choices	Seven comments had been posted on the NHS Choices website, five of which were wholly positive and two negative. All those comments had been responded to by the practice and the negative posts had been offered the opportunity to discuss further.

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.	14
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
Miscommunication. Patient was booked to attend the surgery for an appointment but the patient thought it was a telephone consultation so failed to attend.	In a team meeting the call recording was used to review customer service and as an illustration of how miscommunication can occur.

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, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had identified a number of challenges they were facing examples of which were: <ul style="list-style-type: none">• High percentage of non-English speaking patients who required double appointments which impacted on accessibility of appointments for patients.• A highly mobile population meant that this required increased input from the practice to achieve targets in relation to immunisation, cytology screening and long-term conditions.• Nearly at capacity for physical space within the practice and there were challenges in dealing with the property landlords. We saw that the practice leaders had plans in place to try and meet these challenges, including discussions with the landlord regarding a building redesign to give more consulting and administrative space.	

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 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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were told that a specific chair had been purchased for a member of staff with back problems and the practice paid for eye tests for all members of staff. 	

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

Source	Feedback
Staff	Staff reported that they felt management were open and transparent, that they felt listened to, well supported and that it was a very collaborative place to work.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

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

Engagement with patients, the public, staff and external partners

The practice involved 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 needs of the population.	Y
<p>Explanation of any answers and additional evidence: Specific actions had been taken because of the GP survey responses by patients to improve patient access and recent feedback to the practice indicated that this had been successful. A member of staff suggested that walk in clinics should be offered on a Saturday morning to improve uptake of cervical cancer screening which was initiated with good effect.</p>	

Feedback from Patient Participation Group (PPG).

Feedback
We spoke with a member of the PPG group who told us that the practice was receptive to ideas from the group, were open and transparent and that there was a good relationship with staff. A GP partner always attended the meetings. Some members of the group linked in with the wider PPG groups in the local area to share ideas and thoughts which were brought back to the practice group.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<ul style="list-style-type: none"> • There were many examples where learning and staff development had led to improved services and sustainable practice staffing, across all staff groups, such as: the practice was going to support the clinical pharmacist to become an independent prescriber, the nurse who they had supported during her practice nurse training was now a valuable team member and the practice manager had been supported to complete the Diploma in Advanced Primary Care Management. Work experience placements for sixth form students, administrative trainees, medical student and GP trainees would all contribute to supporting health care in the future. • Engagement with external partners facilitated learning and improvement in the practices own services. For example, shared learning paediatric clinics. • The continued development of services for vulnerable people and people experiencing poor mental health (including people with dementia) in particular. • We saw that learning from significant events and complaints was embedded within the culture of 	

the practice.

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.