

Care Quality Commission

Inspection Evidence Table

Southmead and Henbury Family Practice (1-534565483)

Inspection date: 6 February 2019

Date of data download: 17 January 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:	
The practice had a high number of vulnerable children and held regular multidisciplinary meetings to	

Safeguarding	Y/N/Partial
monitor and support them. There was a good system for updating the register of vulnerable children and young people which involved monthly searches and code updates.	
All staff had undertaken safeguarding training for children and adults the practice were working to ensure all levels of training met the latest guidance and had booked additional training to support staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We noted that the practice had relied on DBS checks from previous employers for new staff; practices should be able to provide evidence that they have appropriately considered where new checks are needed. This included carrying out risk assessments to support the decision. Following the inspection, the practice had changed their policy and taken the decision to review all DBS checks on a three yearly basis as well as when newly appointed to the practice.</p> <p>All staff at the practice had been screened for their immunity against measles and immunisations were offered where needed.</p> <p>The evidence of immunity for clinical staff was not available for all staff and the practice were working to update their files.</p> <p>Professional registration was checked on an annual basis as well as at the time of employment.</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: Oct 2018	Y
There was a record of equipment calibration. Date of last calibration: June 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 9 Aug 18	Y

There was a log of fire drills. Date of last drill: 8 January 2019	Y
There was a record of fire alarm checks. Date of last check: NHS Property Service 5 February 2019	Y
There was a record of fire training for staff. Date of last training: Mandatory as part of their annual training and recorded on individual staff records; this was reviewed every year end to ensure staff had completed the training.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 8 November 2018	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: An action plan was in progress but not completely signed off; there were no high level risks still outstanding and there was evidence to show actions were going to be addressed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Included in Health and safety inspection 8 November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 8 November 2018	Y
Explanation of any answers and additional evidence: Incidents are all recorded as significant events and reviewed at clinical meetings. Accident book – we saw three incidents recorded with actions completed. Cleaners for the premises are employed and managed by NHS Contracts who are the leaseholders, not by the practice.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: December 2018	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
Explanation of any answers and additional evidence:	

- Infection control and prevention posters in clinical rooms.
- A spillage kit was available in key areas of the practice.
- Staff had received hand washing updates.

Risks to patients

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

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

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	Y

summarising of new patient notes.	
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:	
The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice used a common clinical IT system, which allowed for other providers such as Out of Hours services and community services to access patient records.	
The practice had access to proformas for referral to secondary care through the shared electronic record system; all referrals went to an online referral service which ensured they were appropriate. The practice carried out audits of referrals through the referral service to ensure timely access to secondary care.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.04	0.84	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	8.2%	9.6%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national	Y

Medicines management	Y/N/Partial
guidance.	
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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 prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found not all patient group directives had been signed by practitioners; the practice confirmed this had been completed post inspection.</p> <p>The practice had employed two part-time pharmacists for medicine reviews as well as the clinical commissioning group pharmacist for medicines optimisation work. The evidence provided demonstrated that medicines were well managed and the practice achieved their prescribing targets.</p> <p>The processes for managing prescription paper were resilient and allowed for a track and trace process in the event of a security issue.</p> <p>Non-medical prescribers had a regular review of their prescribing practice and were supported by clinical supervision from a link GP.</p>	

Medicines management	Y/N/Partial
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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:	22
Number of events that required action:	22
Explanation of any answers and additional evidence: Staff said when things went wrong at the practice there was a no blame culture which was supportive and encouraged staff to report incidents.	

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

Event	Specific action taken
Delay in arrival of ambulance.	Investigated and discussed at a clinical meeting with a new protocol implemented to prevent further incidents of delay.
Delayed diagnosis	Review of results process so that the GP involved with the patient reviews the test result to ensure appropriate test has been done. Encourage patients to contact the practice for results.

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: Alerts were disseminated by the practice manager to partners and the pharmacist for action. We saw evidence of a recent review of all patients in response to an alert issued for sodium valproate.	

Effective

Rating: Good

The domain was rated as requires improvement as the population group achievement for performance indicators was lower than local and national averages, with a high level of exception reporting which indicated that potentially not all patients were being supported appropriately. The uptake for national screening programmes was also lower than local and national averages.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
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>The practice held a number of internal meetings, both formal and informal, which allowed sharing of information, review of best practice guidance and peer reviews of their work.</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>	0.68	0.77	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe

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

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

People with long-term conditions

Population group rating: Requires Improvement

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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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>	83.4%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.0% (178)	20.6%	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>	82.2%	78.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	27.0% (185)	14.4%	9.8%	N/A
	Practice	CCG average	England average	England comparison

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.1%	83.6%	80.1%	Variation (positive)
Exception rate (number of exceptions).	24.4% (167)	16.5%	13.5%	N/A

Any additional evidence or comments

- Clinical prevalence for diabetes was 7.89% which was 2% above the local average. The practice had experienced an increase in the number of patients diagnosed with diabetes from 456 in 2016 to 731 in 2018 – a 60% increase.
- In order to address this the nurse team developed a diabetes service which was more pro-active, with patient centred management plans. The team had introduced a number of changes such as changing re-structuring appointments and using more visual information to help patients understand their care.
- Virtual diabetes clinics were held with specialist clinicians to enable discussion of the management of complex patients.
- The practice performance in other QOF indicators was above the local and national averages, for example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months was 77% which was 5.2% above the local average.
- The practice used self care initiatives to promote good health; the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 97.6% which was higher than the local and national averages.
- We reviewed the process by which the practice decided on which patients were exception reported. We found this system included three prompt letters for patients to attend the practice and that where the decision was clinically based a clinician was responsible for ensuring the exception was appropriate. The complexity of the multiple morbidities of many patients meant they were often unable to receive the interventions normally associated with long term conditions care, including those with diabetes. The SpA GP who reviewed the high level of reporting was happy that these patients were exception reported satisfactorily.

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>	81.3%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	18.3% (125)	12.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the	95.2%	91.2%	89.7%	No statistical variation

Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	19.3% (65)	14.4%	11.5%	N/A

Any additional evidence or comments

We reviewed the process by which the practice decided on which patients were exception reported as the levels were significantly higher than local and national averages. We found this system included three prompt letters for patients to attend the practice and that where the decision was clinically based a clinician was responsible for ensuring the exception was appropriate. The SpA GP who reviewed the high level of reporting was happy that these patients were exception reported satisfactorily.

The practice was aware of their results for long term condition management and had upskilled the nurse team with specialist diplomas for diabetes, coronary heart disease and hypertension. The health care assistants had attended training to support patients at risk of stroke, and could provide first aid mental illness support.

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)	87.1%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.6% (132)	6.0%	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)	93.2%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (27)	6.2%	6.7%	N/A

Any additional evidence or comments

We reviewed the process by which the practice decided on which patients were exception reported as the levels were significantly higher than local and national averages. We found this system included three prompt letters for patients to attend the practice and that where the decision was clinically based a clinician was responsible for ensuring the exception was appropriate. The SpA GP who reviewed the high level of reporting was happy that these patients were exception reported satisfactorily.

Families, children and young people

Population group rating: Good

Findings

- We found not all 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 had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	124	133	93.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	125	140	89.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	126	140	90.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	125	140	89.3%	Below 90% minimum (variation negative)

Any additional evidence or comments

- The practice recognised that their child immunisation rate was below the 90% and targeted parents and prioritised appointments for patients; we were provided with the latest results and year to date indicated that they are on target to exceed the 90%.
- They had planned to implement this year a central baby immunisation clinic with two trained nurses present (as good practice for safety), supported by a GP and a Health Visitor to advise on routine baby care issues.
- The practice regularly monitored patients to ensure courses of immunisation were completed, such

as for Hepatitis B, so that full immunity was achieved.

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 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)	65.2%	73.6%	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)	63.3%	70.6%	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)	50.7%	56.5%	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)	71.0%	71.4%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	56.9%	53.4%	51.9%	No statistical variation

Any additional evidence or comments

During inspection, we reviewed current data for cervical smears as data showed the practice was below the local and national averages and target set by 80% Public Health England target for national screening. The practice had recognised this and taken the following actions:

- Staff whose role included taking samples for the cervical screening programme had received specific

training and could demonstrate how they stayed up to date.

- The practice had a failsafe system in place to encourage patients to attend screening such as alerts on patient records when a smear was due and additional invitation letters when patients did not book appointments.
- The alert system on patient's records facilitated staff undertaking opportunistic screening.

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 registers of patients living in vulnerable circumstances including dementia, children and adults with identified safeguarding issues, learning disabilities, poor mental health, migrants, substance misusers.
- 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.
- The practice reviewed young patients at local residential homes.
- The practice used an easy read guide to encourage patients to attend for health screening.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.5%	93.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	35.2% (31)	20.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.9%	91.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	27.3% (24)	17.4%	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)	81.2%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.7% (14)	6.6%	6.6%	N/A

Any additional evidence or comments

The practice had a significantly higher prevalence of diagnosed depression and had recognised that there were numerous factors affecting patients. They had been pro-active by referring patients to social prescribing services and had initiated some activities which patients were referred.

Health care assistants had completed 'Mental Health First Aid' training which offered a supportive appointment system to identify and assess the patient's issues (with agreed assessment tools) and agree a way forward.

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)	559.0	544.8	537.5
Overall QOF exception reporting (all domains)	11.6%	7.3%	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

The practice had been involved in the improving the Management of Patients' Asthma and COPD Treatment (IMPACT) NHS Health Improvement project.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Prior to inspection, the practice provided a comprehensive list of current quality improvement and audit work including annual audits.

Clinical audit activity was undertaken by GPs as part of their appraisal process; we saw an audit of patients for coeliac disease with recommendations for improvement to update of the Coeliac Review Template (now in place), and add annual recall for patients with Coeliac Disease to the yearly disease reviews.

The practice had audited deaths of patients who had been on the end of life register to ensure they had supported people effectively with their wishes about their death. Between the initial audit and the reaudit the practice had become more effectively at recording cause of death and this gave more accurate information about patients dying at the most appropriate place for them, and how well the practice was meeting the expectations of the gold standards framework for end of life care.

The practice routinely audited other aspects of the service such as smear takers; appointment appropriateness and availability audits; and effectiveness of social prescribing.

The nursing team had closely monitored the management of long term conditions and had introduced changes, particularly with diabetes care, which improved the quality of the treatment and the outcomes for patients.

The health care assistants had attended training in stroke prevention and had been successful in identifying 13 new patients with atrial fibrillation over the period from April to December 2018.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of	Y

professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence that staff attended educational and professional development training</p> <p>The practice had undertaken a training needs analysis of the nurse team over the past two years and proactively recruited nurses with a high level of skill in the area or supported them to achieve additional professional qualifications where the need for specialist care was greatest such as for diabetes.</p> <p>Health Care Assistants had additional training to undertake Stroke prevention and Frailty assessments and Mental Health signposting.</p> <p>The practice had a teaching programme for Bristol University medical students and trainee GPs; they also provided placements for nursing students.</p> <p>Reception staff were in the process of training as care navigators in order to triage patients to the most appropriate care at their first point of contact.</p>	

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice employed a care co-ordinator who was able to advise and direct patients to local well-being resources.	
The practice population had a higher than local and national average for the percentage of patients with a long-standing health condition at 57.5%; they had recruited a practice nurse team over the last 18 months to specifically address long term condition management and educate patients about self care. The practice patient population had obesity (18+) levels at 11% and an estimated smoking prevalence of 25.8%. They ensured that patients were offered support with weight loss through social prescribing and offered a smoking cessation service.	
The practice had established links within the local community councils and routinely referred patients for social prescribing services.	
The practice website had access to self-care videos which also linked to local services.	

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>	96.3%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.1% (28)	1.1%	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
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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
<p>Explanation of any answers and additional evidence:</p> <p>The practice operated a named GP patient list and patients were encouraged to book with their named GP; the practice had been recognised this enhanced their continuity of care to patients.</p> <p>The practice had recognised that patients needed sufficient time to understand and discuss diagnosis and treatments and had increased appointment time to 15 minutes.</p>	

CQC comments cards	
Total comments cards received.	31
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	<p>The majority of patient had commented on the high quality of the service and the care received from all levels of staff.</p> <p>The mixed and negative comments related to communication issues and continuity of care in the absence of their named GP.</p>
Friends and Family test	<p>The results for three months November 2018 to January 2019 indicated that 78% of patients would recommend the practice.</p> <p>The commentary for where respondents would not recommend that practice were</p>

waiting for appointments, GP continuity and telephone answering.
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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
11151	370	117	31.6%	1.05%

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)	87.5%	90.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.2%	88.6%	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)	92.7%	96.5%	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)	86.7%	84.5%	83.8%	No statistical variation

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

Any additional evidence
There was a patient feedback box available in reception; actions taken by the practice were displayed in a 'You said – We did' format on a notice board at reception.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
The practice participated in community events such as the local carnival to raise awareness of the services available and promote the relationship with the community. The flu campaign for children was a 'Halloween' event which was designed to encourage patients to attend and ensure they felt at ease during the process.	

Source	Feedback
Interviews with patients.	Patients we spoke with were long term patients who had experienced the changes the practice had undertaken. They were positive about the service and their treatment and were aware that they had good appointment access in comparison to neighbouring practices. Patient stated they felt fortunate to be registered with the practice.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.5%	93.9%	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
Explanation of any answers and additional evidence: The practice had produced information in a pictorial format for patients who may have literacy problems or a learning disability.	

Carers	Narrative
Percentage and number of carers identified.	572 (2%) of patients were registered as carers.
How the practice supported carers.	<ul style="list-style-type: none"> • Carers Information Packs "new" Carers in registration documents, this is promoted at the annual flu clinics. • The practice had a carers champion. • Carers are offered seasonal vaccinations and priority appointments.
How the practice supported recently bereaved patients.	The practice offered a bereavement visit to the relatives and carers of every patient who died.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The front counter had been built to a height which obscured any computer screens for confidentiality. The waiting areas were close to reception but were far enough away to prevent conversations being overheard. There was an information screen for patients to watch.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>On the day, pre-bookable and Improved Access appointments were available for patients. Pre-bookable appointments were available outside of normal opening times on weekdays and alternate Saturday mornings.</p>	

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
Saturday (alternate)	8.30am to 11.30am pre-booked appointments only
Appointments available:	
Monday	7.30am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 6.30pm
Thursday	7.30am to 6.30pm
Friday	7.30am to 6.30pm
Saturday	8.30am to 11.30am
Willow Tree surgery (branch) is closed for lunch 1-2pm every day.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11151	370	117	31.6%	1.05%

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)	93.5%	94.7%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice supported patients at a local care home with regular weekly clinics.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- We found that from 1 April to 31 March 2018 patients who had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register was 97.6% which was higher than the local and national averages. Patients were routinely referred to NHS Healthier You Diabetes Prevention Programme which supported patients to access health coaches and online peer support groups, and offered an accredited structured education and behavioural change programme for adults with type 2 diabetes. (The programme provides tailored, high-frequency 1 to 1 coaching and support from a diabetes specialist dietitian to promote behaviour change, with a focus on improving confidence in self-management and reducing the risk of complications of diabetes).
- The practice participated in the local area diabetes treatment targets project referring more difficult to treat patients to virtual clinics run by diabetes specialists.
- The practice informed us that housebound patients were identified by alerts on the record system, which facilitated the pharmacist planning medication reviews and chronic disease reviews where

necessary.

- 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

- 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.
- The practice had employed a specialist public health nurse who was being trained to offer sexual health and contraceptive advice. This would increase the availability of these service to the community.

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 7.30pm; pre-bookable appointments were also available to all patients at additional locations within the area (Improved Access project).

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, people who misused substances and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example, they offered continuity of clinician, appointments at quieter times and a quiet area to wait.
- The practice was able to support patients with a home-based detoxification programme from alcohol.

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.	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
<ul style="list-style-type: none"> • Request for urgent home visits were passed to the duty doctor for assessment and allocation. • There were online services including GP e- mail consultation services • Text reminders were sent to patients. • There were extended hours including Saturday clinics with a nurse. • There was an appointment/signposting project in progress to optimise the use of the clinicians and direct patients to the most appropriate care. 	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	63.4%	N/A	70.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
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)	70.5%	68.2%	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)	66.2%	64.9%	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)	78.5%	75.3%	74.4%	No statistical variation

Any additional evidence or comments

On the day of the inspection there were both urgent and routine appointments available (reviewed at 10am).

Source	Feedback
NHS Choices	The practice had received two feedback ratings in the last year both of which were negative about their specific experience but had a response from the practice manager who had invited them to contact them directly to discuss their concerns.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	23
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Explanation of any answers and additional evidence:

The practice manager had responsibility for complaint management. Complaints were highlighted at the daily meetings and reviewed at business meetings.

Examples reviewed showed that the letter of responses were well worded, apologetic and appropriate.

Patients received appropriate information and opportunities to further discuss any complaints with the practice.

Complainants were signposted to the Parliamentary and Health Service Ombudsman in the letters of response should they feel the complaint was not handled appropriately.

The complaints leaflet was readily available in the waiting area; the practice had received a low number of complaints.

Example(s) of learning from complaints.

Complaint	Specific action taken
Consultation communication concern	The practice had clarified that patients are welcome to bring in supportive others as appropriate into consultations.
Prescribing issue (communication)	Further training to support team on taking a solutions focused approach to problems planned for March 2019.
Complaint about an inappropriate referral to the Emergency Department.	The practice reviewed the issue with the GP involved and discussed it at the Clinical Governance Meeting. The issue which promoted the referral was discussed amongst GP study groups to identify learning points and a procedure devised should a similar issue arise again.

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:

- Clinical staff met regularly to discuss any issues or complex cases and to offer and receive peer support.
- Clinicians took on additional roles such as lead speciality roles and the partners were involved with local health care development through the clinical commissioning group and strategic partnerships.

- The leadership and management teams had quarterly away days to discuss and evolve the practice.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a strategy in place which took account of their responsibility to address any health inequalities experienced by the patients registered at the practice. For example, there was a project to further identify and support families of patients who were diagnosed with diabetes, as it had been recognised that obesity was present in adults and children. By addressing the issues with the family would have greater impact than individual patients. • The practice was reviewing how they could work closely with other practices to share expertise and reduce duplication of work. • Feedback from staff was a shared understanding for the priority for good patients care in an area where the population faced many environmental and financial challenges. 	

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:	

The practice had a series of meeting to engage and speak with staff in addition there were regular social events.

GPs and managers had recently attended an educational seminar designed to improve their resilience to the challenges of the working day.

The practice manager promoted a culture of inclusion through developmental work by identifying the most expert person to take new projects forward such as the workflow optimisation project.

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

Source	Feedback
Nurse manager	We were told that they had been allowed full leadership over the redevelopment of the nurse team while remaining accountable for decisions and respected for their experience and knowledge. The nurse manager sited this as beings rare in an area where the title of Nurse Manager was often only a courtesy.
Staff questionnaires	<p>We received ten completed questionnaires from staff who were positive about their experience of working at the practice and about their contribution to the improved health and well-being of patients. Respondents were very pleased at the opportunities made available for upskilling and attending professional education for career progression.</p> <p>The improvements people would like to see were about working as a whole team rather than by team function; and greater communication between all staff.</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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All clinicians met quarterly to review significant events; there was a yearly complaints and compliments review; new policies and procedures were discussed at weekly meetings as well as feedback from courses attended Communication was organised through structured, minuted meetings. There were lead GPs who linked to areas of work such as Human Resources. 	

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
<ul style="list-style-type: none"> • The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • They had audited appointment availability to ensure sufficient numbers of the right type of appointment were available. 	

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Staff were invited to attend a variety of meetings such as the daily huddle for reception staff; the coffee time meeting for clinical staff and the Friday Team Talk for all staff which was an informative meeting with a social element.</p> <p>Staff worked with local agencies and community councils to plan services for the community, for example, as a healthy living centre and cooking on prescription.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The patient participation group had not been meeting actively however two members gave feedback during the inspection.</p> <p>The group will be relaunched in March 2019 with a wider remit of involvement in the development of the service.</p> <p>We were told that the group had influenced the practice in the past when patient feedback led the practice to review its telephony system however they emphasised that the process should be ongoing as patients were still experiencing difficulty with the telephone system.</p> <p>The patients also identified that they were not very informed about online access which could be part of the solution with telephone access.</p> <p>Both patients had been with the practice several years and welcomed the opportunity for future involvement.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a culture of training for all staff with regular in house educational meetings.</p> <p>There were two GP trainers in the practice and they were inspected by Health Education England (South West) and were reapproved as a GP training practice for another six years.</p> <p>They have commenced student nurse placements.</p>	

Examples of continuous learning and improvement

An ankle brachial pressure index (ABPI) machine (equipment used to monitor and identify arterial insufficiency within a limb associated with conditions such as diabetes) had been purchased which reduced the appointment time for patients which allowed more time for screening of 'at risk' patients. This followed attendance by nurses at a wound care training day and demonstrated the practice were open to innovation.

The practice had GPTeam Net installed in January 2019; feedback from the staff questionnaires and during staff interviews demonstrated that this had been adopted successfully by the practice. It had made a significant change and benefit to the practice to how staff stored and accessed information; the transfer of information from the old system had required considerable effort and it was noted there was substantial progress in this process which had been achieved in a short space of time.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- 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.