

Care Quality Commission

Inspection Evidence Table

School Lane Surgery (1-569437115)

Inspection date: 5 March 2019

Date of data download: 07 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 ¹
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 ²
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 ³

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had a safeguarding champion, nurse safeguarding lead and administration safeguarding lead. Members of staff were aware of who these leads were and there was a clear escalation route for concerns.</p> <p>2 – We found members of staff we spoke with had a clear knowledge of the safeguarding processes at the practice. One member of staff was able to provide us with an example from the morning of the inspection where they had identified a vulnerable patient and communicated this to the appropriate clinician.</p> <p>3 – The practice had recently invited local school representatives to their safeguarding multidisciplinary team meeting. Following the success of this, it was agreed they attended every meeting with appropriate confidentiality measures implemented.</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.	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>	

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: March 2018	Y ¹
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: August 2018	Y
There was a log of fire drills. Date of last drill: November 2018	Y
There was a record of fire alarm checks. Date of last check: March 2019	Y
There was a record of fire training for staff. Date of last training: On-going training provided as or when needed.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: 1 – The practice had booked portable appliance testing for 20 March 2019 as they were aware it was due to be reviewed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Y
Explanation of any answers and additional evidence:	

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: October 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Y ¹
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: 1 – We saw evidence the practice had an action plan in place following the most recent infection control audit. From this action plan the practice could evidence actions were completed such as; <ul style="list-style-type: none">• Ensuring areas were clear of dust and clutter• The installation of new flooring to meet infection control standards• Completing remedial work to paint work to meet infection control standards	

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 ¹
There was an effective induction system for temporary staff tailored to their role.	Y ²
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>1 – The practice operated a system whereby no more than two members of staff could take annual leave at any given time. This ensured the practice could be confident of managing staff absences.</p> <p>2 – We found the practice had a comprehensive induction process for new members of staff which ensured all recruitment processes were complete and staff were aware of practice policies and procedures as well as role specific competency checks.</p> <ul style="list-style-type: none"> • 	

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:	

Appropriate and safe use of medicines

The practice had / did not have 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)	1.07	0.97	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.4%	11.3%	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)	6.05	6.11	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)	2.40	2.60	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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

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 ¹
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	14
Number of events that required action:	14
Explanation of any answers and additional evidence: 1 – Members of staff we spoke with demonstrated a clear understanding of how to report concerns, incidents and near misses on a 'yellow form'. Staff were also aware of the correct escalation routes. 2 – We saw evidence that where things had gone wrong, the practice had taken action in a prompt manner and could evidence learning had been shared amongst staff.	

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

Event	Specific action taken
A referral for a patient had been written but not correctly sent.	The practice identified the error, sent the referral immediately, informed the patient and apologised. Members of staff received further training and reviewed the referral policy.
A patient was taking the incorrect dosage of a medicine.	A clinician at the practice identified the error during a consultation and worked with the pharmacy to resolve the issue. A new policy was implemented to reduce the risk of reoccurrence.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y ¹
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: 1 – The practice received safety alerts into the practice, distributed them amongst relevant staff and documented all of the alerts on a log including what action was taken where it was appropriate.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
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

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>	0.79	1.13	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on all older patients discharged from hospital. The practice care coordinator contacted all patients discharged from hospital to check care plans were in place, key contacts were known, information sharing preferences acted upon and personal details were up to date.
- 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. The practice had 1,056 patients over 75 years of age and had completed 678 health checks in the last 12 months, 64% of eligible patients.

People with long-term conditions

Population group rating: Good

Findings

- The practice had a champion, nurse lead and administrative lead for all long-term conditions. These lead roles enabled the practice to have oversight and accountability and staff aware of who held overall responsibility for each condition.
- 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.
- The practice diabetes lead also represented primary care nursing on the National Diabetes Society Board.
- The practice planned to hold a group education session in Thetford for patients with diabetes following feedback from regular patient engagement and consultation.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice demonstrated 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>	78.0%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.7% (103)	17.2%	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>	88.3%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (33)	9.5%	9.8%	N/A

Diabetes Indicators	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>	85.3%	80.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.3% (127)	17.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.0%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (11)	7.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.0%	88.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	21.7% (65)	14.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.3%	84.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (18)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.4%	87.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.4% (23)	6.1%	6.7%	N/A

Any additional evidence or comments

- The practice was aware of higher than CCG and England average exception reporting rates for some long-term conditions. We reviewed a number of excepted patients' records and found these to be appropriately made. The practice told us they would further review exception reporting following the inspection and would continue to encourage more participation from patients with a view to reduce exceptions.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the 90% World Health Organisation (WHO) target with a range of 90% to 92%. The practice told us they regularly monitored the attendance at of children for immunisation and would contact the parents of children to encourage attendance.
- 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. The provider, Breckland Alliance, offered a Sexual Health Screening Service and proactively contacted patients to offer the service, follow up tests handed out and appropriate referrals following results.

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)	76	84	90.5%	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)	149	162	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	146	162	90.1%	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)	148	162	91.4%	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.
- The practice had completed 3,338 (65%) health checks for patients aged 40 to 74 years old out of 5,116 eligible patients in the last 12 months.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered extra support for ex-military personnel who may face additional challenges when they return to civilian life and had achieved the Military Veteran Aware Accreditation. The practice provided examples of how they had supported four veterans since achieving accreditation.

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)	67.5%	76.3%	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)	68.6%	78.1%	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)	53.0%	64.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	58.3%	64.9%	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)	47.5%	46.8%	51.9%	No statistical variation

Any additional evidence or comments

- The practice was aware of lower performance than CCG and England averages for cancer screening indicators. Whilst no specific action had been taken prior to the inspection, the practice told us they would review this performance following the inspection and try to increase attendance at screening programmes by encouraging patients to attend their appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had completed 23 (29%) health checks for patients with a learning disability out of 80 eligible patients in the last 12 months.
- The practice facilitated consultations with patients who were not necessarily registered at the practice, such as the travelling community. The practice provided evidence of how they had previously supported patients with no fixed abode. For example, the practice care co-ordinator supported a patient with no fixed abode to successfully find accommodation.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- The practice had completed 56 (50%) health checks for patients experiencing poor mental health out of 113 eligible patients in the last 12 months.
- The practice received accreditation as a 'Dementia Friendly' practice in December 2018 which involved further training and resources for practice staff and additional signage and communication for patients visiting the practice.
- The practice worked alongside the CCG to implement DiADeM (Diagnosing Advanced Dementia Mandate) to care homes in the local area.
- The practice's clinical template for dementia was made available for all practices in the Norfolk area for shared learning after being commended on the quality and robustness of it.

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)	92.9%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.5% (2)	17.0%	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)	92.9%	92.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (2)	14.8%	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)	98.7%	84.1%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	4.8% (4)	9.4%	6.6%	N/A

Any additional evidence or comments

- The practice's performance for patients diagnosed with dementia with a care plan review in the previous 12 months was significantly above the CCG and England averages. The practice believed this positive performance was due to the care coordinator role and their involvement in supporting and reviewing patients with dementia.

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)	553.3	545.8	537.5
Overall QOF exception reporting (all domains)	7.6%	5.9%	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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> The practice completed an audit of dermatology referrals via the two-week wait process to determine whether any referrals could have been avoided. The practice found clinician's decision making varied and implemented additional training and support for colleagues. 	

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 ¹
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 ²
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 ³
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 ³
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>1 – The practice employed a team of clinicians including; GPs, a physiotherapist, physician associate, pharmacist, nurses and emergency care practitioners. The practice told us the diverse experience and skillset enabled them to offer patients enhanced services more promptly than having to be referred elsewhere. For example, the practice’s physiotherapist was able to see patients with minor muscle pain rather than being referred to secondary care and travel to the most local hospitals.</p> <p>In addition to clinical staff, the practice employed a care coordinator who worked alongside GPs to identify unmet need and assist patients in obtaining adequate support from health, social and voluntary/support sectors. For example, the care coordinator had supported a patient who was homeless to seek appropriate support and move into accommodation.</p> <p>2 – We found the practice supported staff to develop their skills and change roles. For example, one member of staff we spoke with was in the process of completing the Care Certificate and training to become a health care assistant.</p> <p>3 – We saw the practice had a comprehensive system of appraisals, coaching and mentoring. The practice provided evidence of how they reviewed the clinical care of those employed in advanced clinical practice. For example, we saw regular audits of nursing competence were carried out by the nursing manager alongside annual appraisals and weekly reports of any concerns or issues.</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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

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 ¹
<p>Explanation of any answers and additional evidence:</p> <p>1 – We found the practice supported national priorities and initiatives and saw evidence of posters, leaflets and information in the waiting areas for stop smoking services, healthy living and local support services for carers.</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>	98.5%	95.7%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.2% (6)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	11
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
Patient comment cards	All of the CQC comment cards received on the day of the inspection were positive about the practice staff and how staff treated people.
Patient consultations	Patients we spoke with on the day of the inspection were complimentary about the practice staff and patients recalled specific events or incidents where staff displayed positive caring attitudes.
NHS Choices	The practice had achieved four and a half stars out of five on NHS Choices from five reviews. Some of the reviews specifically include positive comments in relation to the kind, caring nature of staff working at the practice.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11881	336	110	32.7%	0.93%

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)	92.8%	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)	86.8%	88.4%	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)	93.4%	95.8%	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)	87.2%	84.3%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice commissioned an independent patient survey which was completed during May and June 2018. The practice's results were compared against 93 other practices which had a patient population size of over 12,000 patients.</p> <p>The practice scored positively in indicators such as; appointment availability, timing of appointments, respect shown from staff, reassurance and explanations given by staff and self-care guidance provided.</p> <p>The practice also completed the below actions following below average scoring in the survey results:</p> <ul style="list-style-type: none"> • An opaque free-standing screen had been procured and placed between the reception desk and the seating area, providing more privacy. • Music was now played via screens to avoid conversations being overheard and also to calm patients who may be anxious. • A staff meeting was held to remind staff of their responsibilities to create a positive environment for patients following some negative scoring in the 'warmth of greeting and overall experience' indicator.

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
Explanation of any answers and additional evidence:	

Source	Feedback
Patient comment cards	A number of the CQC comment cards received on the day of the inspection were positive about how practice staff involved patients in their care.
Patient consultations	Patients we spoke with on the day of the inspection were complimentary about how staff involved patients in decisions about care and treatment. Some patients were able to recall specific incidents where they felt particularly involved.

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)	93.1%	94.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y ¹
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: 1 – The practice website was available in multiple languages and some practice staff were bilingual and able to translate for patients including the most populated languages in the local community. In addition to this, the practice could access further interpretation services if necessary.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 359 patients as carers and supported them. This was approximately 3% of the practice population.
How the practice supported carers.	The practice provided carers with a carer's pack of information of local support groups and networks. In addition to this, carers were provided with tailored flu vaccination invitations, the care coordinator provided social prescribing support and guidance and there was literature in the practice waiting room of local support groups and networks.
How the practice supported recently bereaved patients.	The practice told us they would contact the recently bereaved patients and offer any support which is required, including an appointment if necessary.

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

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 ^{1,2}
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>1 – The practice employed a physiotherapist to support patients with minor injuries such as back pain and to improve access for patients by reducing the number of consultations for minor injuries for GPs; whilst providing onsite physiotherapy support for patients who required it without the need to travel to an external service.</p> <p>The practice completed an audit of the physiotherapist's consultations and found from January to December 2018, the physiotherapist had seen 1,943 patients. The data suggested the vast majority of patients saw the right clinician at the right time as only 36 patients (2%) in the year were advised to see their GP following their physiotherapist consultation and only 237 patients (12%) re-presented to a GP with the same problem within one month. One patient we spoke with who had used this service, told us this service was invaluable to them as it ensured the patient did not need to attend secondary care for a physiotherapist appointment.</p> <p>2 – The practice held some services from Thetford Community Living Centre, which the provider also operated.</p>	

Practice Opening Times	
Day	Time
Practice opening times:	
Monday	8.30am to 5pm
Tuesday	8.30am to 1pm and 2pm to 5pm
Wednesday	8.30am to 5pm
Thursday	8.30am to 5pm
Friday	8.30am to 5pm
Thetford Community Living Centre opening times:	
Monday	8.30am to 1pm and 2pm to 6.30pm
Tuesday	8.30am to 1pm and 2pm to 8.30pm
Wednesday	8.30am to 1pm and 2pm to 6.30pm
Thursday	8.30am to 1pm and 2pm to 6.30pm
Friday	8.30am to 1pm and 2pm to 6.30pm
Saturday (once per month)	8.30am to 11.30am
Additional appointments are available between 6.30pm and 8pm every weekday evening and 8.30am to 11.30am Saturday mornings, Sundays and Bank Holidays via participating GP surgeries within the Thetford and Watton area.	
Whilst the practice is closed, patients can also access support out of hours through the NHS 111 service by another health care provider, IC24.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11881	336	110	32.7%	0.93%

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)	92.1%	95.5%	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 completed regular visits to local residential and nursing homes to undertake consultations. 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. The practice care coordinators worked alongside GPs to identify unmet need and assist patients in obtaining adequate support from health, social and voluntary sectors.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had a purpose-build large consultation room on the first floor with an extra wide door which was kept free when possible for patients with mobility issues.

Families, children and young people

Population group rating: Good

Findings

- Additional appointments were available in the evening and weekends as part of a partnership with other local GP practices to enable patients to attend for appointments without having to miss days of education.
- 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 facilitated community services such as midwives utilising a consulting room in the practice to see patients who were not able to be seen at home.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable evening and weekend appointments were also available to all patients at additional locations within the area, as the practice was a member of a network of local practices.
- The practice offered smartphone enabled online access for appointment bookings and prescriptions.
- The practice operated a 'waiting list' of patients with a clinical need, who would be contacted if spare appointments were made available through cancellation.

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, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice provided evidence of how they had previously supported patients with no fixed abode. For example, the practice care co-ordinator supported a patient with no fixed abode to successfully find accommodation.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice had appointment cards designed for patients with a learning disability, which used a photograph of the relevant clinician and easy read format text.
- The practice offered learning disability health checks for patients in their own homes, to ensure patients felt comfortable and able to have a health check.
- The practice had facilitated counsellors to utilise their consulting rooms for patients who did not want to see them in their own homes or where counsellors had concerns regarding safety issues.

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.
- The practice was accredited as a dementia friendly practice.
- The practice had a clinical dementia champion.
- The practice had dementia friendly appointment cards, which used a photograph of the relevant clinician.
- The practice employed a care coordinator who was responsible for assisting to create care plans for patients with dementia. This led to the practice achieving 99% performance in the relevant quality outcomes framework indicator with lower than average exception reporting rates.
- Patients and their carers from this population group who we spoke with on the day of the inspection told us the practice went above and beyond for patients who required additional support. We were told of one example where the care coordinator supported with social services to find respite care for a patient suffering from carer strain.

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

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)	78.8%	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)	63.9%	67.2%	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)	65.8%	62.2%	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)	68.7%	74.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware their performance in the GP National Patient Survey was mixed in comparison with CCG and England averages.

The practice was aware of this feedback and we saw evidence the practice were continually reviewing their appointment system through audits. The practice had made a number of changes to the appointment system and increased their availability of appointments through the appointment of additional clinicians.

Source	Feedback
Patient comment	One of the 12 CQC patient comment cards received on the day of the inspection

cards	contained one comment in relation to the difficulty at times in accessing appointments at the practice.
Patient consultations	Patients we spoke with on the day of the inspection were generally positive in relation to accessing the practice. One patient we spoke with told us at times it is difficult to access pre-bookable appointments, but they understand the demand for services.
NHS Choices	The practice had achieved four and a half stars out of five on NHS Choices from five reviews. Two of the reviews on NHS Choices were in relation to difficulties accessing appointments. However, this was during a period in June 2018 where the practice had a shortage of available GPs. The practice had responded to both patients on NHS Choices and utilised the services of locum GPs whilst recruitment of additional clinicians was ongoing.

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.	25
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 ¹
Explanation of any answers and additional evidence: 1 – The practice completed an annual review of all complaints received in the previous year. This review allowed the practice to discuss trends, ensure improvements had been made where necessary and ensure the log of complaints was accurate.	

Examples of learning from complaints.

Complaint	Specific action taken
A patient was unhappy at being asked to sit and wait for the results of a test completed that day.	The practice contacted the patient to apologise for any miscommunication. The practice completed an audit of test results to ensure results were provided in a timely manner and reviewed their policy on managing test results.
A patient was unhappy that their referral was not sent in a timely manner.	The practice contacted the patient to apologise for the delay in sending the referral. The practice investigated the delay and found it was not sent at the time of requesting due to an error, the practice implemented a new policy on handling referrals to reduce the risk of reoccurrence.

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 ¹
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y ²
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice partnership team demonstrated an awareness to challenges to quality and sustainability within the local area. The partnership team were proactive in identifying challenges and working with other organisations to provide solutions, this included taking over another practice in 2016 to enable patients to access services.</p> <p>2 – All staff we spoke with told us the practice leadership team were visible and approachable. Members of staff told us the leadership team operated an open-door policy and staff felt comfortable and able to approach any of the leadership team at any time.</p>	

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 ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had a clear four-year vision which included becoming a Primary Care Home. The practice was one of 15 practices nationwide which had been chosen to become a Primary Care Home Rapid Test Site and the practice partnership team were working towards developing a Primary Care Home.</p>	

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 ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice leadership team demonstrated a strong emphasis on the safety and well-being of staff. Members of staff we spoke with told us they felt well supported by the leadership team and there was evidence of flexibility available to staff.</p> <p>The practice also commissioned an independent workplace wellbeing survey which was an anonymous survey completed by members of staff. We saw evidence the practice took action where staff highlighted areas for improvement.</p> <p>The practice received positive feedback in relation to the leadership at the practice, but scored below the national averages in relation to a positive work-life balance:</p>	

- The practice achieved four out of five stars for the question ‘how is the leadership at work?’. The practice scored above the sector, all industries and national averages in this question.
- The practice scored below the sector, all industries and national averages in relation to staff feeling they have a good work-life balance.

In response to this, the practice agreed several key actions and planned to run a second survey in September 2019 to evaluate the impact of their work.

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

Source	Feedback
Staff consultations	Members of staff we spoke with on the day of the inspection were complimentary about working at the practice and the support provided by the leadership team. Members of staff told us that morale was high amongst staff and it was a positive place to work; this was reflective of our observations on the day of the inspection.

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 ¹
Staff were clear about their roles and responsibilities.	Y ²
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had a number of governance structures and systems in place to support the practice team in delivering high quality care.</p> <p>For example, we saw evidence of how governance structures and systems supported the nursing team; this included competency checks, weekly reports to escalate issues or concerns, annual reviews of nursing provision and regular, detailed nursing meetings which were documented and shared.</p> <p>2 – Members of staff we spoke with on the day of the inspection were clear about their roles and responsibilities and told us the practice supported them with understanding their roles and responsibilities by:</p> <ul style="list-style-type: none"> • Providing all staff with a handbook of information containing; staff contact details, practice mission statement, telephone numbers of local services such as social care, residential homes and support groups, a list of roles and responsibilities of clinical staff. • A reception terminology handbook provided definitions of medical terminology, internal processes and procedures and guidance on care navigation routes. 	

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 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

Feedback from Patient Participation Group.

Feedback
We saw evidence of work completed by the practice in cooperation with the Patient Participation Group (PPG). The practice had a well-established PPG who regularly meet and communicate with the practice, feeding back ideas from patients as well as distributing information to patients from the practice.

Any additional evidence

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 ¹
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: 1 – The practice provided evidence they were willing to support colleagues with continuous learning. For example, one member of staff we spoke with was being supported by the practice to train to become a health care assistant through the care certificate.	

Examples of continuous learning and improvement

We saw examples of innovation and continuous learning:

- The practice worked to achieve a number of accreditations such as 'Military Veteran Aware Accreditation' and 'Dementia Friendly' to improve the quality of care for patients.
- At the time of the inspection, the practice had acquired funding for 'smart screens', which can enable fast access of digital information, which can be viewed, discussed, modified and saved in real time. The practice planned to use these to enable virtual MDT meetings with other health professionals to improve attendance.
- The practice were one of 15 practices nationwide which had been chosen to become a Primary Care Home Rapid Test Site and the practice partnership team were working towards developing a Primary Care Home.
- The practice was a research and training practice and could evidence a number of research projects.
- The practice supported a nurse to achieve her diabetes diploma and to obtain a seat representing primary care nursing on the National Diabetes Society Board.
- The practice had undertaken a number of CCG-led pilot programmes such as a sexual health screening pilot integrated into the daily health check service.

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.