

Care Quality Commission

Inspection Evidence Table

Coventry Road Practice (1-549111453)

Inspection date: 24 January 2019

Date of data download: 17 January 2019

Overall rating: add overall rating here

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	*Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
*On the day of inspection not all safeguarding certificates were available, however the following day the practice emailed copies of certificates for all GPs.	
<ul style="list-style-type: none"> • Dr Goode attended quarterly safeguarding practice leads meetings. • Dr Goode had a quarterly safeguarding meeting with the lead health visitor. • Training of staff on safeguarding was carried out in-house at full practice team meetings. • Important contact telephone numbers for the CCG safeguarding leads and the social services safeguarding teams were kept on a notice board in reception. • Looked after children receive a regular medical carried out by the community child health service and the practice received copies of these reports. Follow up actions plans were appropriately dealt with. • Chaperone training for all non-clinical staff had been arranged by the CCG and undertaken at a Protected Learning Time (PLT) event. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice manager carried out checks for locums which included the performers list and two references for each locum were obtained. • A locum pack was available and gave all relevant information about the ways of working within the practice, useful contact numbers and examples of referral pathways. 	

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: 5/12/18	Yes
There was a record of equipment calibration. Date of last calibration: 5/12/18	Yes

There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 15/6/18	Yes
There was a log of fire drills. Date of last drill: January 2019	Yes
There was a record of fire alarm checks. Date of last check: weekly check carried out	Yes
There was a record of fire training for staff. Date of last training: All staff completed January 2019	Yes
There were fire marshals. Three members of staff all appropriately trained	Yes
A fire risk assessment had been completed. Date of completion: 1/7/18	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: One action identified was whether an additional handrail was required. This was risk assessed and deemed not necessary.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Yes
Explanation of any answers and additional evidence: During the last risk assessment, it was identified that repairs were required to damaged tarmac on the car park at the front of the premises. This work is scheduled to be completed during February 2019. The risk assessment also identified that a more secure process for disposal of confidential waste was required so the practice put in place a contract with a shredding company.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

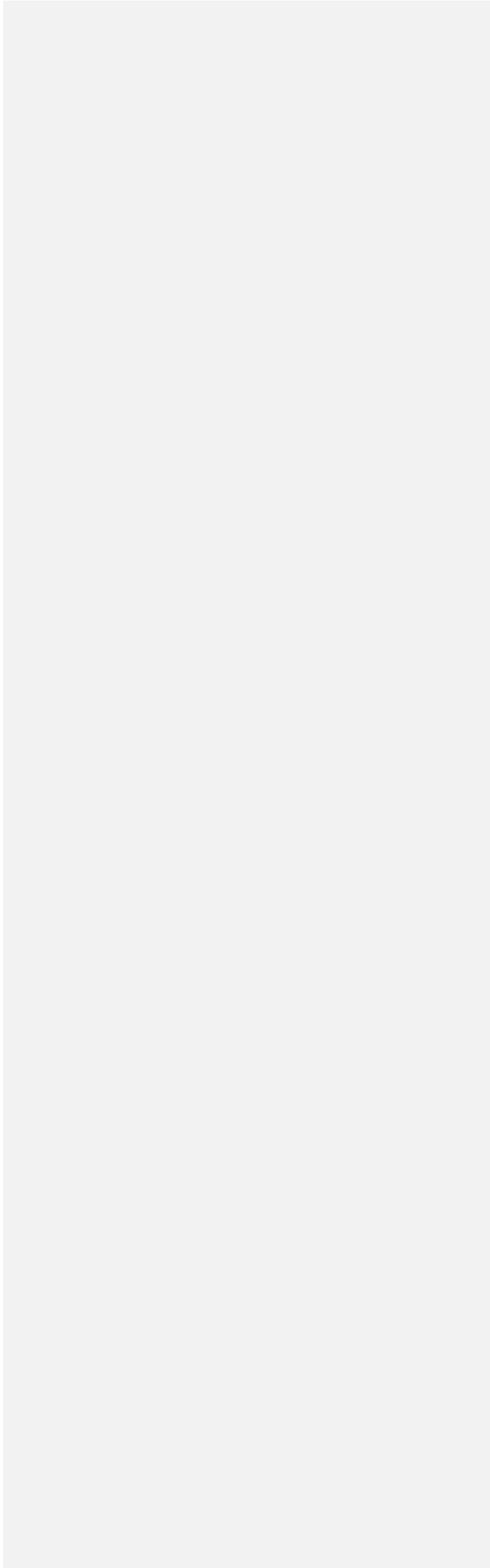
	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 24/10/2018	Yes

The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence: Legionella test April 2018 Risk assessment May 2018</p> <p>The practice identified</p> <ul style="list-style-type: none"> • Paper towel dispensers were not clean, a message had been left in the cleaner's communication book. • Wooden shelving in cleaners' cupboard was not easy to keep clean so had been changed to plastic for easy cleaning • Changes to the clinical commissioning group (CCG) infection prevention control (IPC) lead was noted when the CCG merged and the practice had contacted the new individual. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence: Sepsis training had been completed by all staff at PLT session. Laminated information was available in the reception area. COSHH assessment was carried out January 2019.</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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used the e-referral system and completed referrals whilst the patient was with GP. The secretary then typed the referral letter and attached it to the referral on the clinical system, thus speeding up the process and avoiding patients having to navigate the e-referral system themselves. Test results received were entered straight into the work flow on clinical system and were checked daily by GP with a notification sent for non-clinical staff detailing action to be taken. We saw that handover to and from the out of hours service were all in place and well documented. 	

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>	0.92	0.91	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and	7.8%	7.6%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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>				

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

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence of monitoring of patients who were prescribed high risk medicines. The practice had alerts which popped up on the medicines monitoring screen which ensured that blood tests were requested and completed prior to repeat prescription being issued. All high-risk medicine monitoring we reviewed were up to date. The prescription monitoring and security process was well established. All serial numbers were recorded and blank prescriptions were removed from printers overnight. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	N/A
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N/A
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N/A
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	N/A
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	N/A
Explanation of any answers and other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: All significant events were discussed at monthly clinical meetings and quarterly all staff meetings. There was no evidence of a log of significant events and complaints. However once this was highlighted to the practice they developed a tool to monitor all events and assist with identifying trends.	

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

Event	Specific action taken
Fridge failure	A drop in temperature was noted during the regular fridge checks. The practice contacted the drugs company advice and all affected vaccines were disposed of. The practice purchased a new fridge and data loggers to monitor the temperatures internally.
Telephone system failure	A patient reported that they had tried to contact the out of hours service via the practice telephone number but the system failed. The practice contacted the telephone company to report the issue and put in place a system where at closing time the reception staff used the system to check it was working correctly.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence We looked the system in place, the initial alerts came into the practice via email to the practice manager and were then disseminated to clinicians and saved on the intranet. We looked at an example where an alert was received regarding anti-virals and this was actioned appropriately. Records were seen of appropriate actions taken to contact patients to advise of any changes to medicines.	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

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>	1.01	0.81	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice was a pilot site for Frailty Assessment Service Team project (FAST) in 2016/2017. Integrated meetings were carried out every two months on the at-risk group of elderly frail patients. 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. The practice worked closely with the CCG pharmacist to complete polypharmacy reviews and reduce pill burdens on elderly patients, applying the STOPPSTART approach.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long term conditions had regular reviews usually with their usual GP. For those patients with more complex needs the GP worked alongside 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had been part of a pilot for COPD/Asthma integrated care in 2017. Following the pilot, virtual clinics and multi-disciplinary team support was still available if required for any more challenging respiratory patients.
- COPD and asthma patients were reviewed annually by practice nurse. There was a facility to undertake diagnostic spirometry for patients with suspected asthma and/or COPD.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- CVD health checks were offered. Patients could book an appointment with one of the healthcare assistants to discuss the results of these and to take a history regarding alcohol, smoking consumption, family history and to measure height weight and blood pressure.

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>	79.1%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.3% (7)	12.4%	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>	69.3%	77.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (25)	10.4%	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>	79.0%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.7% (23)	11.6%	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>	71.5%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (2)	6.2%	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>	90.8%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.0% (1)	11.2%	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>	78.5%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.8% (48)	4.5%	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>	95.1%	88.6%	90.0%	No statistical variation

Exception rate (number of exceptions).	2.4% (2)	8.1%	6.7%	N/A
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Any additional evidence or comments

The practice had exceptionally low exception reporting.

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were mainly in line with the World Health Organisation (WHO) targets.
- 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.
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 community midwife attended the practice on alternative Thursdays. A direct contact number was available for patients to speak to her. For non-urgent messages, a folder was kept in the reception area of the practice to aid communication.
- The practice encouraged all pregnant ladies to have a flu vaccination and as soon as pregnancy was confirmed patients were given an information folder that contained lifestyle and financial advice for example the importance of taking folic acid and how to claim maternity benefits.
- Young people could access services for sexual health and contraception.
- Contraception services were available for oral medication and long acting contraception. One of the GPs provided a once a month clinic for contraceptive devices and implant insertions.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	24	27	88.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	34	34	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who	34	34	100.0%	Met 95% 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)				based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	34	34	100.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Data for primary immunisations appears low but only three children had not received the initial vaccination.

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)	74.9%	68.1%	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)	76.5%	63.8%	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)	50.8%	44.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as	73.7%	74.2%	70.3%	N/A

occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)				
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%	52.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice recognised the lower cervical screening data (national indicators 80%) Following presentation from the McMillan nurses the practice had changed their processes where previously patients were sent a reminder letter, patients who failed to attend received a reminder letter and a telephone call to remind importance of attending screening 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, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Domestic Abuse training had been completed for whole practice in October and December 2018.
- The practice received regular reports and updated concerning vulnerable children from the community child health service. Follow up on actions plans were appropriately dealt with.
- Vulnerable groups were treated as all other patients and routinely recalled for breast screening, cytology.

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.
- Staff were aware that patients with mental health issues need to be treated empathically and they were encouraged to build up good relations with this group. Reception staff were aware that if they

had any concerns about patients they would notify the duty doctor.

- Patients on the register for severe mental illness were recalled systematically throughout the year for routine health checks with a GP. Numbers on this register are monitored through the year and DNAs followed up.
- 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. For example, as part of diabetes reviews dementia screening for over 50s was carried out and if appropriate staff would handover to a GP and highlight any issues. In addition, clinical staff carried out opportunistic screening using a memory tool to help with early diagnosis of dementia.
- The practice was registered as 'Dementia friendly'. Patients were offered assessment and annual reviews addressing both social and health needs. These assessments were used to focus on patient and carer goals with discussion around advanced care planning. Housebound patients were visited by a GP for full assessment.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.7%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.0% (1)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.5%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (1)	7.8%	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) <small>(QOF)</small>	86.2%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	6.0%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and

routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540.5	545.3	537.5
Overall QOF exception reporting (all domains)	3.1%	6.1%	5.8%

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

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

The practice carried out an audit on the preventative treatment of patients at risk of osteoporosis, a condition that can weaken bones. Following the first audit the practice identified audit of patients who had been on bisphosphonates for over three years due to the possibility of serious side effects. There were 25 patients and their records were reviewed. Compliance of patients prescribed the medicine was checked and found to be good. Patients who had not had a bone density scan were requested and 8 patients were given a “drug holiday” after the initial review and the clinicians recognised that there were likely to be more patients who would require this as a result of the bone density scans. Side effect and alerts were put on the patients’ records to indicate when a bone density scan was next due. A repeat audit showed that patient management was better.

Any additional evidence or comments

The practice had Research Ready accreditation with the Royal College of General Practitioners (RCGP) and was part of the West Midlands Clinical Research Network (CRN) this involved training and support for the whole practice team to gain skills to engage with research. In addition, the practice was a member of the NIHR Clinical Research Network Research Site Initiative Practice (2017), supporting local and national NHS research studies in primary care.

The practice was taking part in research studies such as:

- assessing the impact of patients with psychosis having support from a mental health worker
- chronic headache education and self-management study
- the management of patients who were identified as being at risk of developing heart disease.

Patients who had taken part in the trials commented that they had been seen quickly their medicines had been changed with good effect and they would recommend services they had experienced.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: GP completes section on staff performance and this is then added as part of process.	

Coordinating care and treatment

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

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

Explanation of any answers and additional evidence:
 Staff we spoke with told us that managers were supportive if learning was identified and they would listen to ideas put forward.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
The practice used a number of local and national health lifestyle programmes to refer patient to for example, <ul style="list-style-type: none"> - DocSpot. – exercise programme locally subsidised for all patients. - Health trainers. - Weight Watchers /Slimming world vouchers. - Smoking cessation clinics. - SIAS (the Solihull Integration Addiction Service). 	

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>(DOF)</small>	93.3%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	0.6%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence	

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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice had no patients in nursing or care homes even though they had a higher than average elderly population. This patient group continue to live in their own homes which increased the number of home and domiciliary visits. The practice worked with the Contact the Elderly organisation and provided a monthly tea party for elderly and housebound patients and their carers. External speakers, for example Age UK had attended to talk to the group about winter warmth.	

CQC comments cards

Total comments cards received.	16
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	Comments received included that the GPs and staff were friendly and always listen and give good quality care. We received two comments regarding difficulties in accessing appointments.
Friends and Family test results	Results from the last six months showed that out of 23 responses 20 patients reported that they would be likely or extremely likely to recommend 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
3970	270	115	42.6%	2.90%

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)	91.1%	87.7%	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)	90.8%	85.9%	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)	100.0%	95.4%	95.6%	Variation (positive)
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)	88.3%	81.0%	83.8%	No statistical variation

Any additional evidence or comments
The practice had higher than average results from the national GP patient survey and the views of patients we spoke to verified this.

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

Any additional evidence

The practice had undertaken a survey looking at two areas; extended hours and satisfaction in the service provided. Patients reported that they were unlikely to use the extended hours service and were satisfied with the service provided. The practice discussed the results and planned to promote the extended hours service and noted that the high proportion of elderly patients may have impacted on the result as these patients would rather wait and see their preferred GP during normal surgery hours.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: The practice offered space for the local citizens advice worker to provide support to patients.	

Source	Feedback
Interviews with patients.	Patients we spoke to told us that they felt a good service was provided although sometimes there was a wait for their appointment time but once they were seen by the GP they had sufficient time to discuss anything and felt that things were well explained.

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)	97.2%	92.8%	93.5%	No statistical variation

Any additional evidence or comments

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

Carers	Narrative
Percentage and number of carers identified.	102 patients approximately 3% of the practice population
How the practice supported carers.	There was a carers board in reception and if GPs or nurses identified carers they would add the appropriate code to the patient record and offer or signpost appropriate support.
How the practice supported recently bereaved patients.	Reception coded and record all details of bereavement and this was sent to GPs so they were aware. A card sent to the family and a GP would telephone

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: The reception desk was far enough away from the waiting area to maintain patient confidentiality at the desk. A room was available for patients and staff to hold confidential conversations or for patients who were distressed.	

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice is in a converted house with consulting rooms on the ground and first floor. Patients could be seen in ground floor rooms if required. The practice had good disabled access including: <ul style="list-style-type: none"> Wheelchair, easy access. In-house phlebotomy service. High seat chairs in waiting area. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am – 3pm
Friday	8.30am - 6.30pm
Appointments available:	
Monday	9am to 12pm and 3.30pm to 6pm
Tuesday	9am to 12pm and 3.30pm to 6pm
Wednesday	9am to 12pm and 3.30pm to 6pm
Thursday	9am to 12pm
Friday	9am to 12pm and 3.30pm to 6pm
Telephones were covered by Badger out of hours service up to 8.30am and from closing time. If urgent appointment were required then patient would be seen at end of clinic.	

The practice was part of the north Solihull collaborative and offered extended hours appointments to patients. These appointments were available between 6.30pm and 8pm Monday to Friday and 9am and 12 pm on Saturdays and Sundays at Chelmsley Wood Primary Care Centre.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3970	270	115	42.6%	2.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.9%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- 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.
- Reception staff were aware that patients in this group would need priority in accessing services. They made appropriate allowances and help for them to access the service promptly.
- Once the practice had identified at risk groups through the frailty index, the appropriate GP would then oversee care plans at regular intervals.
- Concerns could be raised easily with district nurse services either by communication in a book or direct discussion.
- New GP had undertaken a post CCT fellowship in elderly and frailty care. The GP worked closely with the community matron, social worker and prescribing support pharmacist to implement changes and positive development in the care of patients in this group.

People with long-term conditions

Population group rating: Good

Findings

- Weekly diabetic clinics were held with the practice nurse and the GP who led on diabetes care. There was a lead for diabetes. Multidisciplinary team meetings took place every 12 weeks to discuss the management of more complex patients. The practice had enrolled in the Improving Access to Psychological Therapies (IAPT) pilot specifically aimed at patients in this group for long term conditions. The practice found this was beneficial especially for diabetic patients who had gained good improvement in managing their condition from engaging in psychological support.
- Housebound diabetics were reviewed at home annually. Pre-diabetic patients were given an

information pack and had an annual blood test.

- Patients with hypertension and vascular disease had a minimum of an annual blood test prior to review. Reminders were seen on patient's record with a medication prompt to inform that review or bloods were due.

Families, children and young people Population group rating: Good

Findings

- A GP carried out initial developmental and physical examination of all new babies.
- 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 developed an information sheet specifically aimed at young people's info sheet. This gave a list of agencies and websites who could provide support to this group for example, Stem4 a web based organisation providing mental health support and Kidscape who provide advice and support on bullying friendships and moving on to secondary education.

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.
- A pilot had been put in place by the CCG which offered Skype appointments. This was still available but had very low take up at present.
- Coventry Road Practice was working together with the North Solihull Collaborative (NSC) which was a group of 11 practices located in the North of Solihull to provide extended access services. This provided pre-bookable appointments between the hours of 6.30pm and 8pm Monday to Friday and Saturday and Sunday mornings. The extended access hub was located at Bosworth Medical Centre in Chelmsley Wood.
- Skype appointments are offered to those who prefer. A pilot had been put in place by the CCG which offered Skype appointments. This was still available but had very low take up at the time of our inspection.
- A facility was in place whereby patients could send an email request for medication or send a comment or a question for a Doctor via the 'contact us' section of the practice website. This was checked daily.
- The practice did not offer formal telephone appointments however they did contact a patient by phone to follow up a blood result or to carry out a follow up on a consultation. Receptionists recorded messages left by patients for a GP or nurse and the patient could then be phoned back if required.

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.
- Important contact telephone numbers for the CCG safeguarding leads and the social services safeguarding teams was kept on the notice board in reception.
- The practice had a register of patients with learning disabilities (currently 12 patients) which was kept in reception. The patients on this list had families also known to the surgery. Reception staff were aware that these patients have difficulties in accessing services and made appropriate allowances.
- Practice staff called upon the assistance of families, friends and carers to help attendance, follow up and management for patients in this group.
- The practice had identified patient's families who were profoundly deaf. The family communicated with the surgery via email or text. This enabled the family to access services. A sign interpreter was booked prior to appointments.

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. Care was tailored to patients' individual needs and circumstances, including their physical health needs. Annual health checks for people with serious mental illnesses were provided.
- The practice was aware of support groups within the area and signposted their patients to these.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The administrative and reception staff were aware of all patients on the mental health register and understood that they may have difficulty expressing themselves or perhaps difficulty in navigating the system of healthcare. Patients and or their carers were offered flexible appointments to enable them to access services. We were told that mental health staff or relatives would accompany these patients if necessary.
- One of the GPs had a specialist interest in young mental health and had created a useful list of contact details to help and support young in this group.
- Patients were informed if they had any concerns how to access 24-hour assistance when the practice was closed, through the out of hours (BADGER) service, Accident & Emergency department, or Samaritans.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Reception staff would inform patients if appointments were not running to time.	

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)	91.1%	N/A	70.3%	Variation (positive)
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)	69.5%	62.4%	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)	63.6%	62.8%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	67.5%	69.8%	74.4%	No statistical variation

Any additional evidence or comments

Source	Feedback
NHS Choices	Of the 11 reviews received the practice received an overall rating of four stars. Comments included excellent care and attention, there were some comments

	regarding delay in appointments time and lack of phlebotomy. The practice manager responded to all comments and gave an explanation and invitation to discuss further.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice did not record verbal complaints but has introduced this immediately following the inspection.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient requiring more test result information	The patient had been advised to access online account but insufficient information was available. The practice explained the online system and provided a printout was made available.
Patient didn't get an appointment initially to change medication	The practice responded in a timely fashion and arranged a suitable appointment.

Well-led

Rating: **Good**

Commented [DV1]: I agree with 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The partners gave responsibility to individual staff for specific areas to empower them and increase their roles for example, updating the cervical smear register, coordinating immunisation appointments and ordering of disposable equipment. Staff told us that the GP partners were very supportive and approachable.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: It was evident on the day of our inspection that the entire team put the patients first. There was a high level of commitment and loyalty across clinical and non-clinical staff. We saw evidence of good working relationships with community staff including the mental health team.	

Culture

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

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

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

Source	Feedback
Staff interviews	Staff we spoke with told us that they felt encouraged and supported by all members of the team and were always encouraged to develop their skills for example dual roles, health care assistant/ administration.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice had a comprehensive range of policies and procedures that were all available to all staff via the practice intranet. We noted that these documents were regularly reviewed and updated.	

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.	Yes

There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	
Explanation of any answers and additional evidence	
The practice had a comprehensive business continuity plan and all GP partners and the practice manager had access to copies off site.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
The practice had an electronic system for storing documents for example, certificates and risk assessments and monitoring information such as training schedules.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
PPG had worked with the practice and carried out a survey in December 2018. This looked specifically at the extended hours appointments and satisfaction in the service provided.
Patients had commented that they would rather wait and be seen at the practice however it was noted that this service would be good for patients who were at work during normal hours. Regarding the service provided patients commented unanimously that they were satisfied although there was usually a wait to see the GP of their choice. The practice developed an action plan which included reception staff promoting the extended hours service particularly to the working age population and to offer locum appointments to patients who did not request a specific GP.
The PPG had worked with the practice in organising the Christmas tea party, held in the practice and a local retailer had provided refreshments.

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
A lead GP had attended a study day on motivational interviewing and used this technique to good effect	

to try to increase uptake of health promotion programmes and lifestyle changes.

The salaried GPs were very involved in research and had specialist interests in frail elderly and mental health.

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.