Care Quality Commission

Inspection Evidence Table

Church Lane Surgery (1-496491998)

Inspection date: 6 March 2019

Date of data download: 20 February 2019

Overall rating: Requires improvement

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

Safe Rating: Requires improvement

Safety systems and processes

At the previous inspection in April 2018, we rated the practice as requires improvement for providing safe services because:

- There were inconsistent arrangements in how risks were assessed and managed. For example, during the inspection, we found risks relating to health and safety of the premises and patients including fire safety arrangements, management of legionella and management of blank prescription forms.
- The practice did not have all the emergency medicines usually found in the GP practice and there was no risk assessment as to why they were not in the stock.
- The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis.

At this inspection in March 2019, we found that the provider had addressed most areas, however, they were required to make further improvements and is rated requires improvement for providing safe services.

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, some improvements were required.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three	Y

Safeguarding	Y/N/Partial
for GPs, including locum GPs).	
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:

- Disclosure and Barring Service (DBS) checks were mostly undertaken where required, with the exception of a non-clinical member of staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not carried out a documented risk assessment to ensure patients safety or to explain why a recent DBS was not required prior to employment.
- Staff who acted as chaperones were trained for their role and had received a DBS check.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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

Explanation of any answers and additional evidence:

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. The two staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment with the exception of evidence of satisfactory information about any physical or mental health conditions (health checks) were not available. The practice had not kept the record of interview notes in the staff files.

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: 23 March 2018 (an appointment had been booked to carry out portable appliance testing in 12 March 2019).	Y
There was a record of equipment calibration. Date of last calibration: 5 March 2019	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: April 2018.	Y
There was a log of fire drills. Date of last drill: 1 October 2018.	Y
There was a record of fire alarm checks. Date of last check: 4 March 2019.	Y
There was a record of fire training for staff. Date of last training: Completed between January 2017 to December 2018.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 20 April 2018 (Reviewed: 25 October 2018).	Y
Actions from fire risk assessment were identified and completed.	Partial

Explanation of any answers and additional evidence:

- The practice had taken steps to improve fire safety arrangements in the premises. An internal fire risk assessment was carried out by one of the practice's staff. However, the risk assessment failed to identify risks associated with the rear fire exit door which required a key to open the door and did not have a ramp to evacuate patients with mobility problems. This risk was highlighted during the previous inspection in April 2018, however, the practice had not taken appropriate action in a timely manner. The practice informed us their plans to improve rear fire exit had been delayed and they were keeping rear fire exit door unlocked during surgery opening hours.
- There were two fire marshals and they had not received enhanced fire safety training relevant to their role. However, they had received online fire safety awareness training. The practice informed us a few days after the inspection that both fire marshals had completed the relevant training.
- Fire system was serviced on 20 February 2019.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 16 January 2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16 January 2019.	Y
Explanation of any answers and additional evidence: • Electrical installation condition inspection was carried out on 7 April 2018. • Gas boiler was serviced on 29 March 2018. • Asbestos survey was carried out on 11 May 2018.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not 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: 16 January 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • We observed that appropriate standards of cleanliness and hygiene were not always followed and some areas of the practice were not clean. We observed that appropriate decluttering had not been carried out in the nurses' treatment room and clinical rooms. We found a collection of dust in some clinical and non-clinical areas. There was a risk of the spread of infections to the patients and staff working at the practice. The practice informed us that a contractor was responsible for cleaning the premises. However, the monitoring of cleaning within the practice was not always effective and the practice was unable to provide documented evidence to demonstrate the cleaning standards were checked on a regular basis. • The practice had up to date legionella risk assessment in place and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

- The practice operated a system to organise annual leave and cover for unexpected absences. The practice had sufficient resilience to cover any additional absences.
- All requests for home visits were triaged by the duty GP.
- There were public awareness posters in waiting area and on the screen.

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: • All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, some improvements were required.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.67	0.62	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)	6.5%	10.6%	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)	6.27	5.97	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)	0.85	1.25	2.22	Variation (positive)

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.	Partial
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.	N/A
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

Medicines management	Y/N/Partial
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.	N/A
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.	N/A
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.	N

Explanation of any answers and additional evidence:

- Since our previous inspection, the practice had improved blank prescription stationery security and maintained a log of serial numbers and boxes. Consultation rooms were locked when not in use. Blank prescription forms were taken out from printers and stored in a locked cabinet every evening. However, on the day of the inspection, we noted blank prescription forms serial numbers were not recorded correctly. We saw the practice had developed a log of serial numbers of all handwritten pads in March 2010. However, this had not been monitored or audited since March 2010.
- The practice was unable to demonstrate that they had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.
- In relation to the monitoring of high risk medicines, the practice ensured that an appropriate blood test result was present before a prescription could be issued.
- The practice had emergency medicines to cover medical situations that might arise, this was stored securely and checked regularly by one of the staff members.
- On the day of the inspection, we found one of the vaccine fridges temperature had fluctuated from zero degree Celsius to 10 degrees Celsius within six hours duration. We noted the practice was recording fridge temperatures twice daily and previous readings were within the required range. The practice informed us the fridge turned faulty on the day of the inspection. However, the practice did not have a secondary thermometer in both fridges which could log all the data and provide assurance that temperatures had been within the required range, nor was the existing thermometer calibrated at least monthly, as recommended in Public Health England guidance. There was a policy for ensuring that medicines were kept at the required

Medicines management	Y/N/Partial
temperatures, which also described the action to take in the event of a potential failure. The practice assured us they were going to follow their cold chain policy immediately, which would involve transferring all medicines to another fridge and place the order for a new fridge.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Due to technical error letters were not received electronically	Due to this technical error 800 items were stuck in the workflow. Once technical error had been resolved locally, the practice had undertaken a clinical risk assessment and developed an assessment template to review the missing correspondences. The practice had taken urgent action to clear the backlog and took necessary steps as required.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y

Explanation of any answers and additional evidence:

- We noticed national patient safety and medicines alerts were mostly received and shared with the team. We saw safety alerts was the standing item on the meeting minutes agenda. The practice informed us they had carried out searches to identify patients at risk and action had been taken relevant to the alert. A log of historical alerts was not available on the day of the inspection. However, the practice had shared a log of historic alerts a few days after the inspection. We found the practice did not keep a record of action taken in response to historic alerts.
- In addition, we noted some recent safety alerts in January/ February 2019 had not been systematically received and followed appropriately. For example, a safety alert regarding a medicine (Irbesartan) used to treat high blood pressure, heart failure, and diabetic kidney disease was not followed appropriately. This meant that the patient had not been reviewed in accordance with safety alerts and therefore prescribing may be unsafe.

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
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) (NHSBSA)	0.30	0.43	0.81	Variation (positive)

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

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	64.0%	76.4%	78.8%	Variation (negative)
Exception rate (number of exceptions).	2.5% (19)	11.4%	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) (QOF)	80.4%	79.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.1% (16)	8.1%	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) (QOF)	75.5%	77.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	3.5% (26)	8.9%	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) (QOF)	79.8%	78.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	2.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.5%	89.7%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.1%	82.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (17)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	85.0%	87.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (2)	10.6%	6.7%	N/A

Any additional evidence or comments

- The practice's performance on quality indicators for long term conditions was in line with the local and the national averages with the exception of a quality indicator related to patients with diabetes. However, we noted the exception reporting for this indicator was below the local and the national averages. The practice was aware of these results and informed us they had a high number of patients (10% of the list size) with diabetes in the locality. The practice had explained cultural and socio-economic challenges within the practice population as a majority of patients were from Sri Lankan Tamils background, who worked longer working hours, which made it difficult for the practice to engage with them effectively. In addition, the practice informed us they had a transient population due to a high number of asylum seekers living in the local area. On the day of the inspection, the practice had demonstrated that they had taken steps to improve the outcomes for patients with diabetes.
- The practice informed us they had discussed complex cases of patients with diabetes at virtual clinics with diabetic consultants as required.

Families, children and young people Population group rating: Good

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% for three out of four immunisations measured (in 2017/18) for children under two years of age. The practice explained that this was due to the transient population and known cultural challenges within the practice population.
- 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. However, we noted the practice had not had a system to follow up women (after 12 weeks) who were prescribed contraceptive depo injections. The practice did not maintain a log of patients on contraceptive depo injections and was relying on the patients to book the appointment for next injection after 12 weeks.

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)	120	124	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	112	127	88.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	118	127	92.9%	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)	115	127	90.6%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication 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)	72.7%	63.0%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	61.4%	61.5%	70.5%	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)	39.0%	41.5%	55.1%	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)	90.9%	77.9%	70.5%	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)	33.3%	56.6%	51.9%	No statistical variation

Any additional evidence or comments

- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. However, there were no failsafe systems to follow up women who were referred as a result of abnormal results.
- The practice was aware of poor bowel cancer screening results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the bowel screening uptake. The practice had taken steps to promote the benefits of

bowel cancer screening in order to increase patient uptake. For example, the practice had translated leaflets in different languages and was handing over leaflets and pocket size cards to encourage the uptake. The practice had displayed the relevant information on the notice boards in the waiting area encouraging patients to take part in the national cancer screening programme.

- The practice had held an in-house meeting with the co-ordinator from the NHS bowel cancer screening (BCSP) programme. The practice had run searches on the practice's computer system to identify non-responders. They had developed a list and proactively contacted eligible patients to promote the benefits of bowel cancer screening in order to increase patient uptake. However, recent data was not available to demonstrate improvement.

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.
- 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.
- Most staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.3%	88.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.7% (8)	7.1%	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)	100.0%	90.0%	90.0%	Variation (positive)
Exception rate (number of exceptions).	11.8% (6)	5.8%	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)	90.9%	83.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	15.4% (2)	4.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539.6	534.8	537.5
Overall QOF exception reporting (all domains)	2.6%	6.0%	5.8%

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

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

- The practice had carried out repeated clinical audits to monitor the effectiveness of a medicine (Gliptin) prescribed to lower blood sugar levels (HbA1c) of patients diagnosed with diabetes. The first audit in January 2017 demonstrated that 40% of patients with diabetes had achieved a reduction of blood sugar levels after six months of taking the prescribed medicine. The practice had carried out medicine reviews of other patients who had not demonstrated any improvement to ensure effective management of diabetes. The practice had carried out follow up audit in December 2017 which demonstrated improvements and 67% of patients with diabetes had achieved a reduction of blood sugar levels after six months of taking the prescribed medicine.
- The practice had carried out a clinical audit to ensure the effective management of patients diagnosed with asthma. The practice had selected a random sample of patients and reviewed the appropriateness of medicines prescribed in line with national guidance.
- The practice had carried out repeated audits to assess the usefulness of clinical triaging of patient calls for the appointment to regulate and improve access.

Effective staffing

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

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

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

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) (QOF)	98.6%	95.9%	95.1%	Variation (positive)
Exception rate (number of exceptions).	1.1% (16)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

Caring Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Discussion with the patients, the patient participation group (PPG) members and comment cards	• Two patients and three members of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect. • All 21 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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
8763	423	102	24.1%	1.16%

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)	80.9%	85.1%	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)	76.1%	82.3%	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)	91.9%	92.6%	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)	72.7%	77.9%	83.8%	No statistical variation

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

Any additional evidence
• We noted the NHS friends and family test (FFT) results for the last 10 months (April 2018 to February 2019) and 64% of patients were likely or extremely likely recommending this practice.

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

Source	Feedback
Discussion with the patients, the patient participation group (PPG) members and comment cards	• Feedback from patients demonstrated they felt involved and that their personal decisions were taken into account. • Patients told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	90.1%	89.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 70 patients as carers (0.8% of the practice patient list size).
How the practice supported carers.	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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
Explanation of any answers and additional evidence: • Staff recognised the importance of patients' dignity and respect.	

Responsive Rating: Good

Responding to and meeting people's needs

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

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

Explanation of any answers and additional evidence:

- The practice understood the needs of its population and tailored services in response to those needs. For example, most of the staff spoke two languages English and Tamil. The practice informed us that the majority of patients were Sri Lankan Tamils with considerable educational and socio-economic disadvantage. Staff at the practice commented that their understanding of this community assisted them to understand and support patients' needs.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- The practice website was well designed, clear and simple to use. The practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration. However, the practice website did not include a translation facility.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	9am-5.50pm
Tuesday	9am-5.50pm
Wednesday	9am-5.50pm
Thursday	9am-5.50pm
Friday	9am-5.50pm
Extended hours opening:	
Monday (at the practice)	6.30pm-8.45pm
Monday to Sunday (at local GP hubs)	8am-8pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8763	423	102	24.1%	1.16%

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)	88.8%	91.3%	94.8%	No statistical variation

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for the phlebotomy service at the practice.

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 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.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people — Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.45pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a network of 21 GP practices. These additional appointments were offered Monday to Sunday between 8am to 8pm. This extended hours service was offered in collaboration with Harness GP access hub and funded by the local CCG.
- Telephone consultations and e-consultations were available which supported patients who were unable to attend the practice during normal working hours.

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 adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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

Explanation of any answers and additional evidence:

- In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Appointments were available to book online.
- Appointments were available to book online.

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)	56.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.0%	63.3%	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)	67.6%	65.0%	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)	67.2%	67.8%	74.4%	No statistical variation

Any additional evidence or comments
• The practice had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified. • Patients were able to ring a duty GP directly (bypassing the reception) for the telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday. • In addition, patients were able to ring for the telephone consultation with a GP three days per week

via reception staff between 8.30am to 9.30am.

- We checked the online appointment records and noted that the next pre-bookable appointments with named GP was available within two weeks. We noted that the next pre-bookable telephone consultation appointment with any GP was available within one to two weeks. Urgent appointments with GPs or nurses were available the same day.
- The practice was offering 28 GP clinical sessions per week.
- The practice had recruited additional reception staff and ensured that the minimum of three reception staff were answering the telephone calls during the peak hours.
- The practice had installed a multilingual touch screen check-in facility. The practice had worked in collaboration with the patient participation group (PPG) to educate and encourage patients to use touch screen check-in facility to reduce the queue at the reception desk, which meant more reception staff would be available to answer the telephone calls.
- We saw evidence that the practice was encouraging patients to register for online services. For example, 30% of patients were registered to use online Patient Access, which had demonstrated a significant increase compared to 6% of patients during the previous inspection in April 2018. This had reduced the pressure on the telephone system.

Source	Feedback
Discussion with the patients, the patient participation group (PPG) members and comment cards	• Feedback from patients had reflected that they were satisfied with the appointment booking system and were able to get appointments when they needed them. However, some of the patients we spoke with raised some dissatisfaction regarding telephone access.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: • We found that all written complaints had been addressed in a timely manner. However, we noted the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Miscommunication at the practice	The practice had organised the customer services skills talking session during the practice meeting to promote the importance of better communication.

Well-led Rating: Requires improvement

At the previous inspection in April 2018, we rated the practice as requires improvement for providing well-led services because:

- There was a lack of good governance in some areas and monitoring procedures were not always carried out consistently and effectively.
- The practice was unable to demonstrate they had an effective monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner.
- The practice had not ensured that clinical meetings were documented.

At this inspection in March 2019, we found that the provider had addressed most areas, however, they were required to make further improvements and is rated requires improvement for providing well-led services.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: • The practice informed us that planning permission had been granted and funding accepted in principle to extend the premises (a consultation room and a storage space) and building work was due to start in the near future. • The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice informed us that two current salaried GPs had started the process to join the practice as GP partners.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y

Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: • The practice had a mission statement which included the delivery of high quality patient care. This also included maintaining a supportive working environment for all by providing opportunities for high quality staff training.	

Culture

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

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

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

Source	Feedback
Staff feedback	• We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the senior GP when they needed clinical advice. • Staff felt they were treated equally.

Governance arrangements

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

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

Explanation of any answers and additional evidence:

The practice had a governance framework, however, monitoring of specific areas required improvement, in particular:

- There was no formal monitoring system to identify and monitor who was collecting the repeat prescriptions of controlled drugs from the reception.
- The practice had not had a system to follow up women (after 12 weeks) who were prescribed contraceptive depo injections.
- The practice had implemented a system to manage the use of blank prescription forms for use in printers. However, we noted there was no formal monitoring system in place to identify that blank prescription forms serial numbers were not recorded correctly. We found handwritten pads had not been monitored or audited since March 2010.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, improvements were required.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	N
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

Explanation of any answers and additional evidence:

- There were processes to ensure risks to patients were assessed and well managed in some areas, with the exception of those relating to safety alerts, infection control procedures and recruitment checks.
- There were no failsafe systems to follow up women who were referred as a result of abnormal results after the cervical screening.
- The practice had failed to take appropriate action in a timely manner to address the risk identified

during the previous inspection in April 2018, regarding the rear fire exit door, which required to be fitted with a panic or push bar.

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
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
Explanation of any answers and additional evidence: • Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments. • Staff feedback highlighted a strong team with a positive supporting ethos.	

Feedback from Patient Participation Group.

Feedback
• The practice had a patient participation group (PPG). We spoke with three PPG members and they were positive about the care and treatment offered by the practice, which met their needs. They were satisfied with online access provided by the practice. They told us that their views and ideas were listened and accommodated as much as possible. However, they raised some dissatisfaction regarding the telephone access and refurbishment of the premises.

Any additional evidence
• We also noted a damaged ceiling on top of the stairs next to the practice manager's office.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
• The practice was forward thinking and taking part in the NHS England pilot programme (started three months ago). The practice was offering e-consultations and responding queries within 24 hours. This pilot programme was funded by the CCG. • The practice informed us they were the first practice to introduce a direct GP contact for patients (bypassing the reception) for a telephone consultation between 8.30am to 9am and 11.30am to 12pm Monday to Friday. • The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. • All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan. • We noted staff attended regular training sessions organised by the Harness GP consortium.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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