

# Care Quality Commission

## Inspection Evidence Table

### Barlby Surgery (1-497344407)

Inspection date: 28 February 2019

Date of data download: 27 February 2019

## Overall rating: Good

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

## Safe

## Rating: Requires Improvement

### Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. However, monitoring was required in some areas.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
workers to support and protect adults and children at risk of significant harm.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

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: 8 January 2019	Y
There was a record of equipment calibration. Date of last calibration: 9 January 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:	Y
There was a log of fire drills. Date of last drill: 15 July 2018	Y
There was a record of fire alarm checks. Date of last check: 27 February 2019	Y
There was a record of fire training for staff. Date of last training: annual bluestream training	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 22 February 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>A fire risk assessment had been carried out, which identified damaged smoked seals and the requirement of an immediate survey to all doors. This was actioned by the property services who commissioned contractors to replace the fires seals.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: April 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 December 2018	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The premises/security risk assessment was carried out by St Charles' health and wellbeing, who owned the practice building.</li> <li>Blind loop cords in consultation rooms were not secured. Following the inspection, the practice raised this with the estates department.</li> </ul>	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met; however, monitoring was required.**

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit: November 2018 and updated in February 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.	Partial
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The system to check single use equipment was not operating effectively and regular monitoring was required to ensure that staff were undertaking their responsibilities effectively in relation this. We found that items of equipment such as, sutures and swabs were out of date. Following the inspection, the practice reviewed their procedures and updated their room check templates to include expiry dates.</li> <li>Although there were sharps injury posters displayed around the practice, not all non-clinical staff were not aware of the action to take in the event of a sharps injury.</li> </ul>	

## Risks to patients

**There were systems to assess, monitor and manage risks to patient safety; however, monitoring was required.**

	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.	Partial
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.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>We saw evidence of sepsis training and posters were displayed around the practice. However, not all non-clinical staff were aware of the sepsis red flags during inspection. Following the inspection, the practice arranged refresher sepsis training for all non-clinical staff.</li> <li>The practice made the decision not to use a nebuliser at the practice. The GP directors had carried out a risk assessment which determined that using salbutamol with a spacer as an alternative had the same effect.</li> </ul>	

### 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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>The provider introduced the 'EZ-doc' document handling system after identifying GP overload with correspondence. Practice administration staff were now the first point of contact for all GP correspondence. They were upskilled and empowered to safely triage and manage the majority of incoming documents. This system reduced the GPs administration time from one hour to approximately 10 minutes a day, allowing them more time to focus on patient care. Audits were carried out to monitor the safety and efficiency of this system.</li> </ul>	

## Appropriate and safe use of medicines

The practice did not have effective systems for the appropriate and safe use of medicines.

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>	0.56	0.55	0.94	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	11.4%	10.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	7.02	5.65	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) <small>(NHSBSA)</small>	1.19	0.86	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
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.	Partial
<p><b>Explanation of any answers and additional evidence:</b></p> <ul style="list-style-type: none"> <li>Serial numbers for blank prescriptions were logged on receipt; however, this was not the case for individual blank prescriptions stored in the clinical rooms. Prescriptions in these rooms were kept in printers but the serial numbers were not recorded on distribution to ensure their security.</li> <li>When we checked the prescription box, two prescriptions dated three months prior, had not been collected, or checked by the practice. The practice told the inspection team that the prescription box was to be checked every month. Following the inspection, the practice updated their medicines policy to ensure these checks were in place.</li> <li>When we reviewed records for patients on high risk medicines, blood tests were overdue from three months for one patient prescribed lithium (for mood disorders) and overdue from 2016 for one patient prescribed azathioprine (immunosuppressant). Following the inspection, the provider followed up the patients prescribed lithium and allocated a medicines management lead. A new high-risk medicines protocol was implemented and cascaded to the team.</li> <li>Two medicines kept in the doctors' bag were out of date. Following the inspection, a new template was put in place to check the expiry dates of these medicines and a new protocol was put in place to replace these medicines within three months of the expiry date.</li> <li>Monitoring of vaccines stock was required as we found that old stock was mixed with new stock.</li> </ul>	

## Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong; however, monitoring was required in some areas.

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.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>New cancer diagnoses were considered a significant event as per the policy; however, they were not recorded in the significant events record.</li> </ul>	

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

Event	Specific action taken
An urgent call was placed as a task, instead of staff communicating directly this to the GP.	Urgent task protocol displayed in the admin area. Staff reminded of the action to take when dealing with an urgent call. Discussed at team meeting.
Incorrect medicine dose recorded by cardiology nurse.	No harm to patient. Error picked by GP and communicated to the cardiology nurse. Staff reminded to be extra vigilant. Discussed in team meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The practice distributed safety alerts via their shared 'Slack' platform, as well as their weekly bulletins. However, there was no system to check that all relevant staff had read these alerts.</li> </ul>	

## 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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>The practice used the 'Slack' shared platform to keep clinicians up to date with evidence based guidance. New guidance was discussed at clinical meetings.</li> </ul>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.28	0.89	0.81	Variation (positive)

## Older people

## Population group rating: add rating here

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>They took part in the 'My Care, My Way' initiative, for patients aged 65 and over, putting them at the heart of planning for their care. This was an integrated care service, held weekly and involving the geriatrician, social worker and health and social care co-ordinator. This service aimed to reduce emergency admissions, promote independence and provide patients with the skills and knowledge to help them manage their health and wellbeing. Patients were also provided with a 'thinking ahead'</li> </ul>

plan, as well as a 'message in a bottle' container in case it was required to give to the emergency services.

- 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. A health and social care co-ordinator was based at the practice five days a week
- 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) <small>(QOF)</small>	84.0%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.0% (75)	11.1%	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>	79.9%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.5% (21)	9.4%	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>	79.8%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.1% (19)	11.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.2%	79.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (7)	4.7%	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>	90.1%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.6% (9)	10.2%	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) (QOF)	83.0%	80.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (42)	4.4%	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)	82.5%	87.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.6% (4)	6.7%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates for 2017/18 showed that the practice was below the World Health Organisation (WHO) targets. Following this, the practice took steps to improve uptake. They held walk-in clinics and carried out outreach work in terms of creating awareness in the community. Patients that declined immunisation were booked an appointment with the nurse or GP. Verified data from April 2018 to January 2019 showed that the practice had achieved a 90% uptake across all childhood immunisation indicators for children aged two and below.
- The practice worked in partnership with the Imperial Trust to become a child health GP hub. This was a paediatric integrated care system, implemented to improve the care of children in the community and prevent high rates of admission and outpatient attendance. The practice hosted hub clinics, consisting of a paediatric consultant, health visitors and dietitians every four to six weeks. They also provided bookings for other practices who had access to their systems. As a by-product of this service, the practice recruited practice champions, who were volunteer patients. They would provide support groups and health education to provide children and their families a greater understanding of the care available and how best to access services.
- 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. Patients were referred to the onsite family planning clinic.

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>	117	146	80.1%	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>	124	146	84.9%	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) <small>(NHS England)</small>	123	146	84.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	121	146	82.9%	Below 90% minimum (variation negative)

### 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	Englan 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)	62.0%	54.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	49.7%	56.2%	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)	36.8%	37.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	65.5%	62.6%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	40.6%	53.2%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice was proactive in improving uptake for cervical screening. They took part in a women's health and community champions initiative, led by the practice nurse. This initiative identified patients who had not attended for their cervical screening and they were called in for a one to one session with the clinicians, leading them to become 'Community champions'. The practice also held a 'Smear Awareness Day', over two occasions on a Saturday, where they invited targeted patients who had declined to have screening. Lunch was provided and patients were able to bring their children to this Saturday event, who were looked after by three of the practice reception staff. Patients completed a feedback form after the event which ranked their awareness of cervical screening before and after the event. Prior to the event, 33% of patients said they were not fully aware of cervical cancer and after the event, 83% of patients were fully aware of cervical cancer. The practice told us that 50% of the patients that attended the awareness day booked to attend cervical screening.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

#### Findings

- The practice was proactive in caring for patients affected by the Grenfell fire tragedy. Led by two of the clinical leads and an outreach GP, patients were offered 30-minute appointments and 200 patients had been treated by the practice, including patients referred from other practices who had been affected. The practice also offered staff who were affected by the tragedy support and

assistance as part of the Staying Well at Work Service.

- The practice held their inhouse initiative called Very Important Vulnerable patient Assessment (VIVA), a planned proactive review on vulnerable patients when they were well.
- 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. They held weekly substance misuse clinics.

**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. The practice had access to the onsite psychiatric walk-in service.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.2% (3)	8.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.8%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (2)	7.1%	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)	82.3%	89.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (2)	5.8%	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)	559.0	532.5	537.5
Overall QOF exception reporting (all domains)	6.1%	6.7%	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 a comprehensive clinical audit programme.

- They took part in quality improvement activity such as the Diabetic Group Consultations, aimed at improving the quality of care for diabetic patients. Patients with high average blood sugar levels were invited to a group consultation at the practice. Patients brought their cholesterol and average blood sugar level results which were recorded on the board for patients to compare with others and brief individual consultations were held. The patients shared with the group what worked for them and how they took control of their diabetes. Peer learning occurred as a by-product of this group consultation. Following this, patients were set individual goals to be reviewed at the next session and patients were signposted to weight management classes and exercise programmes.
- The practice carried out a diabetes mentoring project in partnership with Midaye charity organisation. This project provided one to one support to people living with diabetes, to help them develop effective techniques and strategies to help them improve their quality of life. Twenty-two patients participated in this project and monitoring of their blood pressure, blood tests and average blood sugar levels was carried out prior to joining the programme. Results showed that six months after joining the programme, 100% of patients had improved blood pressure readings and 67% of patients had improved average blood sugar levels.

## Effective staffing

**The practice could demonstrate that most of the staff had the skills, knowledge and experience to carry out their roles. However, monitoring was required for all staff.**

	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.	Partial
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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>• Not all staff had the skills and knowledge to carry out their roles. This was in relation to awareness of medicines management and the checking of single use equipment. Additional</li> </ul>	

knowledge gaps were related to sepsis awareness. We saw evidence following the inspection that the practice had put training in place for staff.

- The practice carried out 'Skills and Drills' training for staff, whereby they would practice various scenarios they had to learn about. This was designed to improve the safety of the staff and patients, identify any issues to be rectified. The various scenarios included medical emergencies and dealing with aggressive patients.
- The practice implemented an 'AT next generation training programme', for all grades of staff who were upskilled and deployed to other locations. There was an intensive appraisal process and the practice was awarded a recognition star for being a teaching practice.

## 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) <small>(QOF)</small>	94.4%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (12)	1.3%	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.	23
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients felt staff were always helpful and professional.
NHS Choices	Patients felt the practice provided high quality care and staff were professional.

## 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
10466	430	74	17.2%	0.71%

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)	89.8%	88.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	87.4%	86.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.1%	95.0%	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)	73.7%	83.2%	83.8%	No statistical variation

### Any additional evidence or comments

- The practice analysed survey results in had plans in place to improve the patient experience. For example, patients were offered their preferred choice of GP when booking appointments.
- Patient experiences were also discussed in team meetings.
- The practice set up a message the GP facility on their website, whereby patients could message the GP and receive a response within 72 hours.
- The practice manager set up monthly manager lab sessions where patients could attend and discuss any issues.

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

Any additional evidence
<ul style="list-style-type: none"> <li>Following a patient survey highlighting some issues with staff attitude, the practice held mandatory 'SMART' customer service training for all staff.</li> <li>We observed staff to be polite and helpful to patients when faced with a challenging situation at the reception desk.</li> </ul>

### 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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>Posters were displayed in different languages in the waiting areas.</li> </ul>	

Source	Feedback
Comment cards	<ul style="list-style-type: none"> <li>One patient stated that the practice had been supportive when they suffered a bereavement. They felt involved in their care and were happy that the management team offered personalised support when required.</li> <li>Patients also felt they were treated with dignity and respect. They felt the nursing team were caring.</li> </ul>
NHS Choices	<ul style="list-style-type: none"> <li>Patients felt staff went above and beyond to accommodate their needs. They reported being offered a private room when required to maintain their dignity.</li> </ul>

### 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	93.6%	93.1%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				

	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.	208 (2% of the practice population).
How the practice supported carers.	Carers were offered an annual health check and flu immunisations. They were also referred for a carers assessment and signposted to local carers' charities.
How the practice supported recently bereaved patients.	There was a bereavement protocol in place and leaflets were displayed in the waiting room. Bereavements were discussed in clinical meetings and clinical leads were assigned to contact the family. The family was offered a face to face meeting and if no response, a follow up call would take place to ensure the family was coping.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>They took part in the 'My Care, My Way' initiative, for patients aged 65 and over, putting them at the heart of planning for their care. This was an integrated care service, held weekly and involving the geriatrician, social worker and health and social care co-ordinator. This service aimed to reduce emergency admissions, promote independence and provide patients with the skills and knowledge to help them manage their health and wellbeing.</li></ul>	

### Practice Opening Times

Day	Time
<b>Opening times:</b>	
Monday	8.00am – 9.00pm
Tuesday	8.00am – 9.00pm
Wednesday	8.00am – 9.00pm
Thursday	8.00am – 9.00pm
Friday	8.00am – 6.30pm
Saturday	9.00am – 12.00pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10466	430	74	17.2%	0.71%

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%	94.0%	94.8%	No statistical variation

### Any additional evidence or comments

The practice introduced daily telephone appointments

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice hosted weekly diabetes monitoring sessions in partnership with 'Midaye', a local charity organisation representing the Arabic and Somalian population. These sessions were carried out by trained mentors and open to all patients in the community. Patients were provided with support to help them develop effective techniques and strategies to help them improve their quality of life.
- The practice also held walking groups once a month.
- 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.

## Families, children and young people

Population group rating: Good

### Findings

- The practice hosted the child health GP hub clinics every four to six weeks. Patients were referred to this service and had increased accessibility to the paediatric consultant, health visitors and dietitians. Patients were offered a 25-minute appointment. Other practices had access to the practice systems. As a by-product of this service, the practice recruited practice champions, who were volunteer patients. They would provide support groups and health education to provide children and their families a greater understanding of the care available and how best to access services.
- Young people aged up to 18 years were referred to mental health services for young psychological therapies.
- Additional nurse appointments were available until 9pm on a Monday to Thursday, for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 8am until 9pm four days a week and was open on Saturday mornings to help working patients attend at a convenient time.
- Patients could make appointments, request medication and view records online. They could also send a message to the GP via the website.
- The practice offered out of area registrations allowing patients who work in the area to access the service conveniently.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice was part of 'My Care, My Way' initiative and held weekly clinics for older vulnerable patients in a multi-disciplinary team environment who contributed to the management of vulnerable patients.
- 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.
- The practice also worked with 'Maslaha', a mental health awareness organisation, to produce a resource focusing on mental health and depression. This was after the practice identified that there was a lack of practice resources, particularly amongst some of the Asian communities, coupled with a strong sense of stigma around mental health that prevented patients from seeking support, due to feeling isolated.

## Timely access to the service

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

#### National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.6%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	62.3%	73.8%	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)	70.4%	72.5%	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)	71.6%	74.7%	74.4%	No statistical variation

#### Any additional evidence or comments

- The practice had taken steps to improve access. Patients were offered telephone consultations with the GPs, clinical pharmacists and the physician associates and were also given the option to be seen by different clinicians. Nurse appointments were also available on Saturday.
- Patients could book appointments 12 weeks in advance.

Source	Feedback
For example, NHS Choices	Patients comments highlighted that they were now able to access appointments when they required them.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to; however, monitoring was required to ensure how they were used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	5
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.	Partial

#### Explanation of any answers and additional evidence:

- Not all complaints were recorded on the complaints log. For example, a patient complaint regarding a request to put their complaint in writing, which they found difficult, was not recorded in the complaints log.
- While we saw evidence that complaints were handled appropriately, it was not always clear what learning had taken place. For example, it was not clear what learning had taken place when a parent had raised a complaint regarding the care of their child and staff behaviours. It was also not clear what learning had taken place when a patient incident involving the panic button had taken place.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complaint regarding wait to see GP for a face to face appointment.	The practice booked the patient a telephone consultation with the GP for the following day. The practice explained the availability of other clinicians to the patient. Patient happy with the outcome once the process was explained to them.

## Well-led

Rating: Good

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>• The lead GP was the chair of the local primary care network, which consisted of eight practices. Meetings were held monthly and improvement work was being carried out to implement digital tools for practices.</li><li>• The practice manager attended monthly regional governance meetings.</li></ul>	

### 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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>• The practice had a business development plan.</li><li>• The practice had a strategy to work with the local schools to create a healthy eating initiative. At the time of inspection, the practice had been in contact with one local school to arrange healthy eating sessions with them.</li></ul>	

## 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
Clinical staff	Staff felt happy and supported. They felt there was opportunity to develop their skills and were happy with the training systems in place.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management; however, these required monitoring to ensure that they remained effective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>Monitoring was required to ensure continued knowledge in relation to sepsis awareness, sharps injury and knowledge of Patient Specific Directions (PSD), as well as effective monitoring of single-use equipment expiry dates.</li> </ul>	

## Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	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.	Partial
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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>The arrangements for identifying, managing and mitigating risks, issues were not operated effectively, in relation to health and safety, medicines management, including high-risk medicines, significant events and prevention of sharps injury.</li> </ul>	

## Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making; however, monitoring was required.

	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.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>Information was not always accurate in relation to checking expiry dates on equipment and medicines in doctors' bags.</li> </ul>	

## 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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The practice had an active Patient Participation Group (PPG).</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The practice took part in the 'My Care, My Way' initiative, for the over 65's, putting them at the heart of planning for their care. This was an integrated care service that aimed to reduce emergency admissions, promote independence and provide patients with the skills and knowledge to help them manage their health and wellbeing.</li> <li>The practice worked in partnership with the Imperial Trust to become a child health GP hub. This was a paediatric integrated care system, implemented to improve the care of children in the community and prevent high rates of admission and outpatient attendance. The practice hosted hub clinics, consisting of a paediatric consultant, health visitors and dietitians every four to six weeks. They also provided bookings for other practices who had access to their systems. As a by-product of this service, the practice recruited practice champions, who were volunteer patients. They would provide support groups and health education to provide children and their families a greater understanding of the care available and how best to access services.</li> <li>The practice was proactive in improving uptake for cervical screening. They took part in a women's health and community champions initiative, led by the practice nurse. This initiative identified patients who had not attended for their cervical screening and they were called in for a one to one session with the clinicians, leading them to become 'Community champions'. The practice also held a 'Smear Awareness Day', over two occasions on a Saturday, where lunch was provided and patients could bring their children who were looked after by staff.</li> <li>The practice developed the 'EZ Analytics' tool which enabled monitoring and improvement in the</li> </ul>	

quality of care of over 700 clinical and non-clinical indicators, as well as corporate and operational performance indicators.

## 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.