

Care Quality Commission

Inspection Evidence Table

High Street Surgery (1-557339755)

Inspection date: 17 April 2019

Date of data download: 03 April 2019

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because:

- Medicines and Healthcare products regulatory agency (MHRA) alerts were not always monitored to completion.
- There was a cervical screening failsafe system in place, however, not all patients had been recorded on the system.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies 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

Safeguarding	Y/N/Partial
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

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

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: January 2019.	Y
There was a record of equipment calibration. Date of last calibration: August 2018.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: October 2018.	Y
There was a log of fire drills. Date of last drill: April 2019.	Y
There was a record of fire alarm checks. Date of last check: February 2019.	Y
There was a record of fire training for staff. Date of last training: April 2019.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: November 2018.	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2018.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2019.	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: December 2018	
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had undertaken an infection prevention and control audit and identified issues for immediate and future action. Issues for immediate action, for example updating the hand hygiene poster and repairing damage to plastic architrave in one of the clinical rooms, had been completed. Issues for future action were monitored and reviewed.</p> <p>The practice had acted on findings from the previous inspection; records of the Hepatitis B immunisation status of staff were maintained, and risk assessments had been completed where staff had no immunity or chose not to have Hepatitis B immunisation. COSHH assessments were practice specific.</p>	

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	Y

unwell patient and had been given guidance on identifying such patients.	
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

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.	Partial ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice did not have an effective system to ensure all patients who had undergone cervical cytology were followed up to ensure results had been received, and where results were abnormal had attended a follow up appointment. Although there was a cervical screening failsafe system in place, not all patients had been recorded on the system. Other systems for monitoring referrals were in place and monitored.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group	1.18	0.99	0.91	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)				
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). (01/01/2018 to 31/12/2018) (NHSBSA)	6.6%	7.6%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	5.50	5.44	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	3.24	2.09	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y

Medicines management	Y/N/Partial
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.	Partial ¹
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: ¹ The most recent data, from January 2019, for the number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) was 1.16. The practice had undertaken audits to review and improve their prescribing in this area and continued to engage with the Clinical Commissioning Group (CCG). They had recently increased the working hours of the clinical pharmacist to further support this work.	

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:	38
Number of events that required action:	38
Explanation of any answers and additional evidence: A range of meetings were held where the practice updated staff on significant events and learning from these. Positive points from significant events, for example, things that had gone well, were also recorded and shared.	

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

Event	Specific action taken
Clinician from practice had visited housebound patients opportunistically, to undertake a long-term condition review, although patients were unaware clinician worked for practice.	Leaflet developed for clinicians to give to patients during home visits to explain their role.
Emergency medical assistance given to patient.	Pen and paper added to emergency bag, so the time of the event, clinical observations and actions could be noted during the event. Positive feedback shared with team to reinforce process in place was effective.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ Safety alerts were received by the assistant practice manager who emailed them to clinical staff as appropriate. Paper lists of affected patients were given to GPs for action. However, there was not an effective process to check that action had been taken and patients reviewed. The safety alert relating to the risk of sodium valproate in pregnancy had only partly been implemented, as the practice had not provided the written patient guide to patients as appropriate or checked they had been reviewed by a specialist in the past year.</p>	

Effective

Rating: Requires Improvement

The practice is rated as requires improvement for providing effective services because two population groups, people with long term conditions and people experiencing poor mental health (including people with dementia) were rated as requires improvement. This was because:

- The exception reporting data for the quality and outcome framework relating to long term condition and mental health indicators, was above the CCG and England averages. Although the practice excepted patients in line with QOF requirements, and some had had follow up telephone calls, a significant number of patients had not received the interventions. The practice had an action plan in place to improve this. Although, the unverified 2018/2019 data showed some exception reporting had reduced, it did not demonstrate a significant improvement. Some performance had declined since our last inspection.
- Evidence based guidance was not always followed; we identified some patients on combinations of medicines which were not recommended.

Effective needs assessment, care and treatment

Patients' needs were not always assessed, and care and treatment was not always 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.	Partial ¹
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial ²
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial ³
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹ We reviewed two historical safety alerts which may remain relevant. For one of the safety alerts we identified 35 patients who were prescribed a combination of medicines which had high risks associated with it. For the other safety alert, we identified 11 patients who were prescribed a dose of medicine that was higher than deemed safe in their age group. In response to our findings, the practice advised they would invite these patients for a review of their medicines. The practice had not incorporated these alerts, which may remain relevant, into evidence-based practice.</p> <p>² The exception reporting data for the quality and outcome framework for long term condition and mental health indicators, was above the CCG and England averages. Although the practice excepted patients in line with QOF requirements, and some had had follow up telephone calls, a significant number of patients had not received the interventions. The practice had a written action plan for the management of patients with diabetes and those experiencing poor mental health and were working to address this.</p> <p>³The practice was aware of their high prescribing of hypnotics and continued to work with the Clinical</p>	

Commissioning Group in relation to this. In November 2018, the clinical pharmacist had undertaken an audit of the number of patients prescribed three different hypnotic medicines, with a view to reducing these. Patients were reviewed and an audit in March 2019, identified a decrease in the number of patients prescribed the three medicines. The prescribing rate had reduced since our last inspection, although it remained significantly above the CCG and England average.

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) (01/01/2018 to 31/12/2018) (NHSBSA)	2.87	1.05	0.79	Significant Variation (negative)

Older people

Population group rating: Good

Findings

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. They 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.
- Older patients who lived in care homes received flu vaccinations during home visits.
- Nurse practitioners and GPs visited allocated care homes on a weekly basis. Care home staff knew how to contact them if they had any concerns.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered 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.
- Adults with newly diagnosed cardiovascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Nurse practitioners undertook annual reviews for patients with long term conditions who lived in care homes.
- The practice offered home visits to housebound patients, for their annual review.
- Patients with long term conditions who lived in care home received flu vaccinations during home visits.
- The exception reporting data for the quality and outcome framework for long term condition indicators

detailed below, was above the CCG and England averages.

- The practice had a 'diabetes action plan' which included actions to improve outcomes for patients with diabetes. For example, to maximise time efficiency, the diabetes specialist nurse planned to work one full day, rather than two half days a month at the practice. The practice was involved with the 'Diabetes 500' project, for patients with poorly controlled diabetes and who struggled with their diabetes management.

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)	68.2%	72.8%	78.8%	No statistical calculation available
Exception rate (number of exceptions).	24.5% (175)	15.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	76.4%	72.2%	77.7%	No statistical calculation available
Exception rate (number of exceptions).	21.4% (153)	10.4%	9.8%	N/A
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)	78.9%	74.9%	80.1%	No statistical calculation available
Exception rate (number of exceptions).	28% (200)	15.5%	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)	71.4%	72.2%	76.0%	No statistical calculation available
Exception rate (number of exceptions).	23.7% (207)	10.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91%	86.0%	89.7%	No statistical calculation available

Exception rate (number of exceptions).	27.1% (100)	10.5%	11.5%	N/A
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Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.3%	79.9%	82.6%	No statistical calculation available
Exception rate (number of exceptions).	9.2% (170)	4.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.2%	84.2%	90.0%	No statistical calculation available
Exception rate (number of exceptions).	2.3% (5)	8.1%	6.7%	N/A

Families, children and young people Population group rating: Good

Findings
<ul style="list-style-type: none"> • Childhood immunisation uptake rates were below the World Health Organisation (WHO) target percentage of 90%. The practice was aware of this and had undertaken work which started in May 2018 to improve uptake. They had identified 29 children and made attempts to contact them over a three-month period. 14 children were now up to date with their immunisation and two had appointments booked. The practice continued to monitor the uptake of childhood immunisation and planned to translate invitation letters into an appropriate language where necessary and to add information to their website and social media to encourage uptake. • The practice had met with the health visitor and school nurse to discuss children who had not attended. • The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. • Young people could access services for sexual health and contraception. • Families were registered with the same GP. • Six-week post-natal checks were offered; the invitation letter included immunisation information for baby immunisations.

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	143	153	93.5%	Met 90% minimum (no variation)

type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)				
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)	122	139	87.8%	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)	122	139	87.8%	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) (NHS England)	122	139	87.8%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice continued work to improve the uptake of cervical screening and promoted this during contraceptive pill check appointments and sharing information on the practice website and social media. Patients who did not attend for their appointment were contacted by telephone.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had completed 36 NHS health checks in the last 12 months. The practice had employed a new health care assistant who was booked to attend NHS health check screening training, so they could undertake these checks.
- The 2017 to 2018 quality and outcomes framework data showed the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was 92.8%, which did not include any exceptions. The PHE data which is detailed in the table below was not available.

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	68.3%	74.2%	71.7%	No statistical variation

64) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	72.4%	74.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	56.9%	57.9%	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. <small>(PHE)</small>	Data not available.	62.0%	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) <small>(PHE)</small>	42.5%	46.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice had completed 88% of health care reviews of patients with a learning disability in the previous 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice undertook regular screening of patients with memory issues.
- The exception reporting data for the quality and outcome framework for mental health indicators detailed below, was above the CCG and England averages.
- The practice had a 'plan of care for mental health patients' which included actions to improve engagement and outcomes for patients with mental health needs. For example, patients who may feel anxious were given a yellow card which they could show the receptionist which prompted staff to support them to wait away from the waiting room. The practice introduced monthly administration time for a nurse to review the mental health register and telephone patients to follow up

non-attendance.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90%	86.7%	89.5%	No statistical calculation available
Exception rate (number of exceptions).	60% (75)	16.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.9%	84.7%	90.0%	No statistical calculation available
Exception rate (number of exceptions).	47.2% (59)	14.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.4%	80.9%	83.0%	No statistical calculation available
Exception rate (number of exceptions).	6.9% (9)	8.5%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	531.8	522.6	537.5
Overall QOF exception reporting (all domains)	Data not available	6.5%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a 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

Antibiotic prescribing audit.	60 patients prescribed antibiotics were reviewed in November 2017. Of these, 46 were felt to be prescribed appropriately and 14 of these were not felt to be prescribed appropriately. On two occasions the antibiotic was not recommended in line with CCG guidelines. A repeat audit cycle in May 2018 showed no antibiotics were prescribed which were not recommended in line with CCG guidelines, although four were not first line treatments according to CCG guidelines. The practice reviewed the results and agreed to adhere more closely to CCG guidelines, minimise telephone prescribing of antibiotics and ensure accurate documentation of records.
Productive general practice – appropriate appointments module audit.	The practice had undertaken work on appropriate appointments and had developed a template script for responding to telephone calls. Audit had demonstrated this had resulted in a 25% improvement in the patient data recorded, improved consistency by reception staff in how they respond to telephone calls and improvements for patients being signposted to more appropriate services. The template script had been adopted by three other practices.

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 ¹
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
Explanation of any answers and additional evidence:	
¹ The practice had a training matrix to monitor completion of mandatory training for all staff. They had achieved 100% completion of mandatory training.	

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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y ¹
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.	Y
Explanation of any answers and additional evidence: ¹ 'Solutions' a social prescribing service was available at the practice every two weeks. Patients were able to self-refer for help with non-medical needs. 24-hour blood pressure monitoring was also available.	

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>	92.2%	94.3%	95.1%	No statistical calculation available

Exception rate (number of exceptions).	2.9% (97)	0.6%	0.8%	N/A
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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 ¹
Explanation of any answers and additional evidence: ¹ The practice had completed an audit to ensure that consent was obtained, which showed 100% achievement for this.	

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.	6 ¹
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0
¹ The practice had not received CQC comments cards prior to their inspection. This was identified during the inspection and CQC comments cards were provided by the inspector for patients to complete on the day.	

Source	Feedback
Patient interviews.	Patients were positive about the friendly, caring and professional service received from all staff at the practice.
Feedback from CQC comment cards.	Patients said staff were caring, helpful and polite and staff responded to their needs. Positive comments were made in relation to the service and treatment received.
Feedback from care home representatives.	Care home representatives advised that patients and staff were treated with respect by visiting clinicians and had time to discuss and review patients' needs. Patients were seen in their own room or a private room and were included in all aspects of their care and treatment.

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
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12700	273	113	41.4%	0.89%
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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)	89.9%	89.0%	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)	92.3%	88.1%	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)	99.4%	95.9%	95.6%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.6%	83.7%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Patient survey of nursing team service.	Patient surveys were undertaken during the last week of February 2018 and the first week of March 2018. 146 surveys were completed, with 144 patients scoring the nursing team as good or excellent.
Patient survey of practice phlebotomy service.	Patient surveys were undertaken during the last week of February 2018 and the first week of March 2018. 126 surveys were completed, and most patients scored the team as good or excellent; one patient scored them average. 121 out of 126 patients stated they were seen on time.

Any additional evidence

The practice compared the results from the 2018 national GP patient survey data with local practices and the CCG average and reviewed areas of lower performance.

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
Patient interviews.	Patients were involved in decisions about their care and treatment, given enough time and their views were listened to by practice staff.
Feedback from CQC comment cards.	Comments were positive in relation to clinical staff listening to their needs and being respectful.
Feedback from care home representatives.	Care home representatives reported that the clinicians who visited involved patients with their care and treatment decisions. Clinicians liaised with care home staff and family members where appropriate.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.3%	93.8%	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 129 patients registered as carers, which was just over 1% of the practice population.
How the practice supported carers.	A carers lead had been appointed, who organised information and support to carers. Patients who registered at the practice were asked if they were a carer or had a carer. The practice wrote to carers and included a carers pack which included a range of information and signposted carers to Suffolk Family Carers and One Life Suffolk. Information for carers was available on the practice's website. The practice held a carer register and offered flexibility with appointments, where possible. Carers were invited to have the annual

	influenza vaccination.
How the practice supported recently bereaved patients.	The practice offered condolences to bereaved patients and wrote to them as appropriate. The letter included practical information and contact information for organisations who may be able to offer support and advice. The practice had developed a bereavement pack for patients, which included practical information, and information on living with grief and loss and bereavement through suicide.

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 area 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
Explanation of any answers and additional evidence: Reception staff were available to support patients to complete new patient registration forms and patient questionnaires. Staff cover was obtained to enable reception staff to undertake this. The patient information leaflet about the practice was freely available in the waiting area and copies in large font were also available. PPG members had supported patients to use the new booking in screen.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 5.10pm
Tuesday	8.30am to 5.10pm
Wednesday	8.30am to 5.10pm
Thursday	8.30am to 5.10pm
Friday	8.30am to 5.10pm
Pre-bookable appointments with a range of clinical staff, which included GPs, nurse practitioners and practice nurses, were available on a Saturday and Sunday between 8.30am and 10.30am, at a local practice. Due to the geography of the area, the uptake of this service had not been as high as expected; a closer practice was now offering the service.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12700	273	113	41.4%	0.89%

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)	98.3%	95.2%	94.8%	Tending towards variation (positive)

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.
- Flu vaccinations given to patient who were housebound.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met.
- Patients with multiple conditions were reviewed at one appointment, or consecutive appointments based on the clinical expertise of the available clinician. Consultation times were flexible to meet each patient's specific needs.
- Annual letters were sent to patients with COPD for rescue packs.
- A diabetes specialist nurse held a clinic at the practice two half days a month to support patients with diabetes who had more complex needs. To maximise time efficiency, they planned to work one full day, rather than two half days a month at the practice.
- The practice reported they held regular meetings with the community matron to discuss and manage the needs of patients with complex medical issues.

Families, children and young people

Population group rating: Good

Findings

- 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 and who missed hospital appointments.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Midwives held a clinic at the practice once a week for the patients first antenatal review. Subsequent appointments were held at another location.

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.
- Patients could book online appointments and request repeat prescriptions online.
- Telephone consultations were available.
- Pre-bookable appointments were available between 8.30am and 10.30am on Saturdays and Sundays at a nearby practice.
- The practice registered temporary residents which included students.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with sensory impairment were flagged on the clinical system to ensure appropriate care was offered at every intervention by all staff members.
- One of the nurse practitioners took a lead on learning disability. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Clinical staff discussed vulnerable patients with one of the nurse practitioners, who then met with a community matron who attended the practice daily.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All staff had completed training in the Mental Capacity Act.
- Patients were offered longer appointment times according to their needs.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. Information was also available on the practice's website.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice had good communication with the local dementia intensive support team and referred patients with complex needs as appropriate. Where dementia was diagnosed or suspected, carers for the patient were offered a health check.
- Staff were aware of how to access the crisis team for patients with acute mental health needs.

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)	69.4%	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)	72.4%	69.9%	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)	64.8%	63.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.2%	76.8%	74.4%	No statistical variation

Source	Feedback
Patient interviews.	Patients were able to get an appointment easily, although continuity of GP was not always possible.
Feedback from CQC comments cards.	Patients' comments were positive about the service provided, which included minimal waiting times and that staff always tried to help when making appointments.
Feedback from care home representatives.	Feedback was positive from the care home representatives in relation to access. Weekly planned visits were undertaken by a nurse practitioner and a GP, and patients with urgent needs received a home visit if requested. Positive comments were received in relation to the helpfulness of the practice manager.
Comments on Healthwatch	Six comments had been received since April 2018. Comments were positive about the staff and the service received. There were two negative comments about the

Norfolk website.	waiting times for an appointment. The practice had a four and a half out of five-star rating, based on 31 reviews since August 2015.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	18
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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: Complaints and actions taken by the practice were shared at the patient participation group meetings.	

Example of learning from complaints.

Complaint	Specific action taken
Patient kept waiting at reception desk, when only one receptionist working on reception desk.	Receptionist capacity at peak times is to respond to telephone calls, due to patient complaints at not being able to get through on the telephone. Once initial telephone demand is met, a second receptionist works on the front desk. Staffing capacity to respond to telephone and reception desk demands monitored.

Well-led

Rating: Requires Improvement

We rated the practice as requires improvement for providing well led services because:

- The practice did not have an effective system for monitoring performance through accurate data, specifically related to the exception rates for the quality and outcomes framework data. This had been identified at previous inspections and although the unverified 2018/2019 data showed some exception reporting had reduced, it did not demonstrate a significant improvement. The practice had provided Ardens exception reporting data, although this did not correlate with the QOF exception reporting data. The practice advised they were not able to address this as they could not access the QOF data, however, this had not been acknowledged until we announced our inspection.
- Effective processes were not in place to monitor and improve performance, specifically in relation to childhood immunisation and cervical screening as uptake in these two areas had declined since our last inspection. Although the lead nurse audited the uptake of immunisation and wrote to and telephoned patients, the practice performance was below the World Health Organisation target of 90%.
- Although improvements had been made to prescribing data, for example, the clinical pharmacist had reviewed patients prescribed three different hypnotic medicines, and subsequent audit had identified a decrease in the number of patients prescribed these medicines, the practice data for hypnotic prescribing continued to be significantly above the CCG and England averages.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership.

	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 ¹
Explanation of any answers and additional evidence: ¹ The practice had three GP partners, one of whom was due to retire soon. The practice had been unsuccessful in recruiting another GP partner, however they had employed a physician associate and a nurse practitioner with emergency care experience who were both due to start employment in June 2019. In addition, they had increased the hours of the clinical pharmacist to 30 hours. The practice had made plans to manage the planned retirement of the lead nurse; one of the existing nurses was shadowing the work of the lead nurse with a view to taking over this role. Plans were in place to advertise for a replacement nurse.	

Vision and strategy

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

	Y/N/Partial
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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
<p>Explanation of any answers and additional evidence:</p> <p>The vision of the practice was 'Our vision is for a practice that has a team that is adaptable and able to learn new skills, enabling them to work together to provide excellent patient care.' The vision, values and strategy were developed in collaboration with staff, patients and external partners.</p> <p>They had a practice charter which was available on their website and in the practice leaflet. This detailed the responsibilities of the practice and patients.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice displayed their CQC ratings on their website and had written a statement for patients about the work they were undertaking in relation to their previous inspection.</p>	

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

Source	Feedback
Staff.	Staff felt supported and able to raise any issues with staff at management level and were listened to. Staff feedback positively on changes that had been made.

Governance arrangements

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

	Y/N/Partial

There were governance structures and systems which were regularly reviewed.	Y ¹
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: ¹ GP partners had lead roles in a range of areas; for example, human resources, prescribing, the quality and outcomes framework, education and safeguarding. Staff were aware of these lead roles. The practice held a range of meetings; for example, weekly management meetings, monthly nurse practitioner meetings and quarterly practice meetings. Governance issues, for example, significant events, complaints and performance were discussed in these meetings, as appropriate.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance, but these were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial ¹
There were processes to manage performance.	Partial ²
There was a programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Partial ³
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y ⁴
Explanation of any answers and additional evidence: ¹ The practice had been working to improve the quality and outcomes framework data since they went in to special measures in September 2017. The practice had undertaken an exemption audit, which compared 2016/2017 and 2017/2018 data, which was undertaken part way through 2018. In addition, they had undertaken two exception audits of 2018 to 2019 data. However, this exception data did not correlate with that from the quality and outcomes framework data. The practice had an action plan in place to improve the quality and outcomes framework achievement and exception reporting. However, the unverified 2018/2019 data had not demonstrated a significant improvement; high numbers of patients with long term conditions and poor mental health, including dementia, had been excluded, and performance in some indicators had declined. ² The practice performance for childhood immunisation and cervical screening had declined from 2016/2017 to 2017/2018. Although some improvements had been made to prescribing data, the practice data for hypnotic prescribing continued to be significantly above the CCG and England averages. ³ Staff were aware of the major incident plan, although they had not undertaken any specific training in preparation for major incidents, they were aware of the actions to take. ⁴ The practice had restructured the work of the receptionists, by increasing capacity at peak times of telephone calls.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial ¹
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	N ¹
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>¹The practice continued to work to improve the quality and outcomes framework data. They had a diabetes and mental health action plan in place to improve outcomes for patients; however, some performance data had declined, and exception reporting remained above average. The data the practice was using to monitor exception rates, through exception audits, was not accurate as it did not correlate with that from the quality and outcomes framework data. The practice was not able to explain the significant differences in the exception reporting rate data they shared during the inspection. The practice advised they were not able to address this as they could not access the QOF data, however, this had not been acknowledged until we announced our inspection.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a Facebook page which they used to inform patients about practice changes, updates and new initiatives. Thank you letters and cards giving positive feedback about staff at the practice were displayed for staff to read.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had a PPG which had been established since August 2018. The PPG met every two months and meetings were chaired by the PPG chairperson and attended by the practice manager, assistant practice manager and other staff members as appropriate. PPG members advised the practice listened to their views and feedback was positive in relation to the openness of the practice and willingness to work together to make improvements. PPG members had supported patients to use the new booking in screen. The practice had developed a 'High Street Surgery Newsletter' for patients, in conjunction with the PPG.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The GP partners had agreed for the practice manager to undertake training to become a facilitator for Schwartz rounds; a group reflective practice forum which provides an opportunity for staff from all disciplines to reflect on the emotional aspects of their work.	

Examples of continuous learning and improvement

As part of the productive general practice programme, the practice identified areas to work on as a group, using various skills levels and teams within the practice. One improvement made was the development of a new protocol for dealing with urine samples. This included a new patient form for sample requests, to ensure samples were clearly labelled on receipt, which saved time requesting repeat samples.

The practice was part of Lowestoft Primary Care Alliance, a group of local practices who worked together to share information and resources to improve services for patients. One of the practices employed an emergency care practitioner, on behalf of the other practices. The emergency care practitioner worked one day a week at High Street Surgery.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.