

Care Quality Commission

Inspection Evidence Table

Bloxwich Medical Practice (1-5477079132)

Inspection date: 4 April 2019

Date of data download: 28 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The safeguarding policy did not make reference to modern slavery, human trafficking and sexual exploitation or female genital mutilation (FGM). There was a separate FGM policy in place. However, staff spoken with had a good understanding of these issues. Safeguarding concerns including children who missed appointments and any vulnerable adults were discussed at the weekly clinical meetings. The practice notified the health visiting team of all newly registered children under five years old. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw there were some gaps in recording the full immunisation status for staff who had direct contact to patients, as not all staff had been able to obtain information from their medical records. 	

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: 12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 12/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 08/2018	Yes
There was a log of fire drills. Date of last drill: Unplanned in August 2018	Yes
There was a record of fire alarm checks. Date of last check: 20/04/19	Yes
There was a record of fire training for staff. Date of last training: 28/03/2017 (face to face) and individual dates on line learning	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10/2018	Yes
Actions from fire risk assessment were identified and completed.	NA
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had copies of the COSHH data sheets. However, there was no overall COSHH risk assessment or log of products in use. The practice was in the process of organising a fire drill with the landlord of the building. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 07/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/18	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Although a general premises risk assessment had been completed, it did not include specific risk assessments, for example use of visual display units. The practice had undertaken a maternity risk assessment for a specific member of staff. 	

Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	07/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The Infection Protection and Control (IPC) team had undertaken an infection control audit in February 2019. The practice achieved a score of 96%. An action plan had been developed and implemented to address the issues identified. A legionella risk assessment had been carried out in November 2018. 	

Risks to patients

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

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

- Staff had watched a training video on sepsis which highlighted the early signs of sepsis and what action to take. Staff spoken with were aware of the symptoms to ask to about, observe for and the action they should take.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • All referrals were peer reviewed to ensure they were appropriate. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.32	0.94	0.91	Variation (negative)
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) <small>(NHSBSA)</small>	4.4%	5.4%	8.7%	Variation (positive)
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) <small>(NHSBSA)</small>	6.30	5.31	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) <small>(NHSBSA)</small>	1.39	1.95	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.	Yes
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).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw the practice did not have a system for logging prescriptions on receipt, although they were logged as used within the practice. Prescriptions were stored securely. The practice agreed to amend the procedure at the time of the inspection. The practice had worked with the pharmacist to bring about improvements in antibiotic prescribing. The practice had focused on two areas, rescue packs for people with chronic obstructive pulmonary disease (COPD) and antibiotic prescribed for urinary tract infections (UTIs). Patients with COPD who had been issued with two or more rescue packs in a three-month period were invited in for a review of their care. Patients with suspected UTIs were about their systems to identify those patients who required antibiotics. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	14
Number of events that required action:	14
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff said when things went wrong at the practice there was a culture of openness and support. • Significant events were discussed at the monthly staff meetings and minutes of meetings were shared with all staff. Significant events were reviewed on an annual basis. • The practice recorded both positive incidents as significant events and shared these with the staff team. These included thank you cards received and charity fund raising events. 	

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

Event	Specific action taken
A patient became upset and aggressive during their consultation.	<p>An unaccompanied patient attended for their GP consultation. They were upset about the timescale for their secondary care appointment. This escalated to aggression which the GP managed, and the patient returned to the waiting room. This incident was reported to the patients' family member and lead GP.</p> <p>Following the incident an action plan was developed to include the patient being accompanied with a family member during consultations, an urgent referral to secondary care and an alert that the patient should not be seen alone by clinical staff members.</p>
A patient prescribed warfarin had a persistently raised blood test result.	<p>The patient attended the hospital for regular blood tests and ordered their prescription from the GP. The patient blood test results were checked prior to issuing a prescription. The patient was aware of the dosage they should be taking but it was thought by clinical staff that they may be taking the medicine incorrectly. As a consequence of this, the practice changed all prescriptions in relation to this medicine to acute.</p>

	This meant that repeat prescriptions were monitored closely and that they appear as 'requests with queries' on the electronic system to ensure all clinicians checked the blood test result and recorded it in the patient notes prior to issuing the prescription.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Alerts were disseminated by the practice manager to all clinicians. The practice maintained a log which recorded details of the safety alerts received, action taken and outcome. Alerts were discussed with staff at the clinical and meeting meetings We saw that safety alerts were also placed on the practice website. We saw evidence of a recent review of patients on a medicine used to treat thyroid conditions with a potential risk of acute pancreatitis and congenital abnormalities. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

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) <small>(NHSBSA)</small>	0.50	0.75	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Nineteen patients had been identified and reviewed during December 2019.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice nurse carried out home visits to housebound patients for immunisations.

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.
- They practice's performance on quality indicators for long term conditions was in line with or above the local and national averages. A member of the reception team was responsible for identifying patients and contacting them to arrange their annual review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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>	81.5%	78.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.0% (48)	11.3%	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>	86.1%	81.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.5% (26)	6.3%	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) <small>(QOF)</small>	92.7%	81.6%	80.1%	Variation (positive)
Exception rate (number of exceptions).	17.8% (71)	9.5%	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)	87.4%	77.6%	76.0%	Variation (positive)
Exception rate (number of exceptions).	10.8% (45)	2.5%	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)	96.4%	92.0%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.9% (19)	8.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.5%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.6% (30)	2.8%	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)	99.0%	90.7%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.5% (6)	4.8%	6.7%	N/A

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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.
- Midwife lead clinics were held weekly at the practice.
- The practice co-ordinated the eight-week baby check with the first set of childhood vaccinations, to promote uptake of vaccinations.
- 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.

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>	78	80	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	69	71	97.2%	Met 95% WHO based target (significant variation positive)
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>	69	71	97.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	69	71	97.2%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had completed 135 health checks during 2018/19.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>	75.4%	71.6%	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) <small>(PHE)</small>	78.8%	67.9%	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>	57.9%	49.1%	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) <small>(PHE)</small>	67.7%	75.6%	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) <small>(PHE)</small>	67.6%	44.7%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme. The practice had a recall system in place to identify patients who did not respond to their invitation letter or failed to arrive for their appointment.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice was participating in an incentive to increase the number of patients on the palliative care register by including non-cancer patients. The aim of the incentive scheme was to include one percent of the practice population on the register. This equated to 49 patients. So far, the practice had increased the register from seven to 32 patients. The practice had introduced the traffic light system to identify level of need. Staff told us felt that this change had improved the structure of the meeting and analysis of deaths in the form of a mortality audit.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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: 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.
- The practice told us they had been asked at short notice by the clinical commissioning group to carry out health checks on all patients identified with a severe mental illness by the end of March 2019. They told us they had arranged appointments for all of these patients, although a number had not attended and they were subject to the practice recall system. We saw evidence of this in the minutes of meetings.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice was a dementia friendly practice and staff had received dementia training. One member of staff had taken on the role of Dementia Champion.

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)	96.4%	91.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.2% (5)	7.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	9.1% (3)	4.7%	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)	81.8%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (1)	6.0%	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)	558.7	531.7	537.5
Overall QOF exception reporting (all domains)	6.6%	5.3%	5.8%

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

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

The practice had undertaken an audit of patients prescribed a medicine to treat thyroid conditions due to the potential risks of acute pancreatitis and to women of child bearing age. The audit identified 12 patients on the medicine, nine who were potentially at risk of acute pancreatitis and three within the age range for contraception. Three patients had either been seen or had a telephone conversation regarding the risks involved.

The practice had undertaken audit of patients on a medicine used in epilepsy which could be high risk for women of child bearing age. The audit identified nine patients prescribed the medicine but only two were of child bearing age. Both of these patients had received advice and given the patient information booklet.

Any additional evidence or comments

The practice had undertaken a range of audits that demonstrated improvements for patients. Audits were carried out in response to changes in best practice guidance or safety alerts. Audits included patients on high risk medicines who required regular blood monitoring, documentation of patients receiving a specific type of injection, frailty audit, storage and disposal of vaccines, patients with a learning disability attending for a health check and housebound patients.

Effective staffing

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

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

- Staff told us that they were supported to develop their skills and knowledge and were able to identify development opportunities during their appraisal.
- The practice had a structured system to ensure the competence of staff employed in advanced roles. Both the GP and Advanced Nurse Practitioner told us they met weekly to review the consultations and identify any learning points. However, these discussions were not recorded.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> •The patient participation group supported the practice with health awareness events, for example, bowel screening and dementia. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.6%	97.2%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.2% (3)	0.3%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice staff documented consent within their electronic systems and had written consent forms for ear syringing. Staff we met had a clear understanding and awareness of capacity, best interest decisions and of Gillick competencies. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	44
Number of CQC comments received which were positive about the service.	39
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Interview with patients	We spoke with one patient during the inspection, who told us they were happy with the service provided.
CQC comment cards	Forty-four comment cards were completed by patients. Patients said they felt the practice offered a good service and staff were friendly, caring and treated them with dignity and respect. There were no negative comments related to caring.
NHS Website	One comment had been posted on the NHS website since the previous inspection in November 2017. The practice had responded to this comment. The comment was positive about the service provided at the practice.
Healthwatch Walsall	Eight comments had been posted on the Healthwatch Walsall Experience Exchange. Six of these comments were positive about the service provided, one was mixed and one was negative. Seven patients commented positively about the care provided at the practice. The negative commented related to the practice being closed when the patient had a query about a prescription.

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
4888	260	128	49.2%	2.62%

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)	90.0%	86.5%	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)	92.2%	85.5%	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)	95.2%	94.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	92.2%	81.3%	83.8%	No statistical variation

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

Any additional evidence

The practice collated the NHS Friends and Family test cards each month and the results were discussed with the patient participation group (PPG). The details of the number of completed cards, recommendation and comments were included the PPG meeting minutes, which were available for patients to read. Any comments about staff were discussed with individuals as appropriate.

The practice had reviewed the results from the National GP survey and concluded they needed to

continue to provide the service they were.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
CQC Comment Cards	Eight of the 44 comment cards specifically made reference to the staff being understanding and clinical staff listening to them, answering any questions that they may have and providing advice.

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)	95.4%	91.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice identified patients with any sensory or communication needs and recorded relevant information on their electronic records. 	

Carers	Narrative
Percentage and number of carers identified.	The practice population on the day of the inspection was 4,888. The practice had 88 registered carers. This represented 1.8% of the practice population.

How the practice supported carers.	The new patient registration form asked patients if they were or had a carer. Carers were coded on the electronic records and all carers were offered an annual flu vaccination. The practice planned to contact carers annually to ensure they had sufficient support and were still carers. Information about the Carers Service was on display in the waiting room, as well as signposting information and sources of support.
How the practice supported recently bereaved patients.	All staff in the practice were notified about any patient deaths. The practice sent a letter and bereavement leaflet to bereaved patients.

Any additional evidence or comments

The practice was participating in the advanced cancer care review, which ensured that all newly diagnosed patients were offered a holistic needs assessment. One of the GPs and a member of administrative staff had received additional training to support patients who had received a cancer diagnosis. This included discussed any social issues including benefits and signposting patients and relatives to appropriate services. A designated area within the practice had been set up for patients to speak with the non-clinical lead. A full range of literature was also available for patients and relatives.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Maintaining confidentiality at the reception desk was a challenge due to the layout of the building. The practice shared the waiting room and reception desk with two other practices. Seating for patients was situated away from the reception desk. Staff were mindful when answering the telephone or speaking with patients at the reception desk to speak quietly and not disclose any personal information. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

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 1pm
GP Appointments available:	
Monday	68 (2 GPs)
Tuesday	44 (2 GPs)
Wednesday	36 (2 GPs)
Thursday	30 (2 GPs)
Friday	14 (1GP)
Advanced Nurse Practitioner Appointments available:	
Monday	24
Tuesday	12
Wednesday	20
Thursday	24
Friday	12

Practice Nurse Appointments available:

Monday	34
Tuesday	48
Wednesday	38
Thursday	52
Friday	23

Health Care Assistant Appointments available:

Monday	0
Tuesday	40
Wednesday	42
Thursday	38
Friday	0

12 phlebotomy appointments were available on Fridays

Extended GP Access Service

Patients had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.

Extra GP appointments were available between:

- 6.30pm – 9pm weekdays (all four hubs)
- 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice)
- 11am – 1.30pm Bank Holidays (all four hubs)

Appointments could be booked by calling 01922 501999 during the following times:

- 8am – 9pm weekdays
- 10am – 3pm weekends
- 11am – 1.30pm bank holidays

NHS 111 were also able to book appointments for patients.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4888	260	128	49.2%	2.62%

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)	97.7%	93.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided in-house electrocardiogram (ECG) which is a test used to check the rhythm and electrical activity of the heart.
- The practice provided in house spirometry. (Spirometry is a test used to help diagnose and monitor certain lung conditions).

Families, children and young people

Population group rating: **Good**

Findings

- Nurse appointments were available until 6pm on a Monday 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.
- The practice provided the eight-week baby checks for two neighbouring practices.

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. For example, telephone consultations, on line services and access to the extended hours hub for evening and weekend appointments.
- Pre-bookable appointments were available to all patients at additional locations within the area, through the Extended GP Access Service. Appointments were available between 6.30pm and 9pm on weekdays, between 10am and 3pm on Saturday and Sunday, and 11am and 1.30pm on bank holidays.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people 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. The practice carried out an end of year audit regarding health checks for patients with a learning disability. Twenty-eight patients were on the register, all of whom had been invited for a health check. Twenty-one patients had attended, three had been offered follow up appointments, two were under the care of the hospital or specialist team and one patient may have been coded incorrectly, which the practice were reviewing.
- The audit had resulted in one patient who had previously declined, attending for a health check, which highlighted a number of significant health issues requiring a referral to secondary care. This person was being supported by the practice through a follow up health care plan.

- The practice had carried out an audit in December 2018 to identify housebound patients who had not seen a GP within the last 12 months. The practice had coded 33 patients as housebound, of which 28 had been seen by a GP within the last 12 months. The remaining five patients had been contacted by reception staff and arrangements made for the GPs to visit them at home. We saw that all of these patients had now been seen by a GP. The practice planned to rerun the audit in six months' time.
- The practice was a Veteran Friendly practice.

**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 worked closely with the community mental health nurses, who were based in the same building.

Timely access to the service

People were access care and treatment in a timely way.

National GP Survey results

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

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)	82.3%	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)	73.2%	67.0%	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)	68.1%	65.1%	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)	76.9%	70.8%	74.4%	No statistical variation

Source	Feedback
CQC Comment Cards	Forty-four comment cards were completed by patients. Three patients commented positively about being able to get appointments when they needed them, and another patient commented about the benefits of using the on-line service. However, three other patients commented that it was difficult to get an appointment with a GP and another commented that they disliked the half day closure on a Friday.
NHS Website	One comment had been posted on the NHS website since the previous inspection in November 2017. The practice had responded to this comment. The comment contained positive comments about being able to get an appointment as a working person and making use of the on-line services for access to booking appointments and ordering repeat prescriptions.

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.	8
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that complaints were discussed with staff at team meetings to share learning and any changes to practice. All complaints were reviewed on an annual basis. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was unhappy with their consultation.	The issues raised in the complaint were discussed with the individual clinician and specific learning identified. As a consequence, the clinician reviewed the guidance relating to carrying out postnatal reviews and shared this learning with the clinical staff team. The patient was informed of the action taken by the practice.
A patient complained about the lack of appointments following the retirement of one of the GPs.	A response was sent to the patient explaining that the appointment system had been amended since the retirement of the GP, and the availability of appointments had increased. In addition, the availability of appointments was continually monitored, and additional clinics were added when necessary. The practice also recognised the need to ensure that patient information was up to date and accurate.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had recently registered with the Care Quality Commission as a single-handed GP practice in August 2018. The previous partnership, which included the current provider, dissolved due to retirement. A succession plan was not required at this time. All staff were invited to the monthly practice meetings and encouraged to contribute their views and suggestions. Minutes of meetings were shared with all staff. Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. Staff were encouraged to discuss any issues or complex cases and to offer and receive peer support. 	

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.	Partial
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider clearly articulated their vision for the practice, and how they planned to develop the service in the future. They were aware of current limitations, for example male GPs only, and had made efforts to address this through the appointment of a female nurse practitioner. There was a commitment to training and developing staff, and quality improvement through ongoing audits. However, a written strategy / business plan had not yet been developed. 	

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff were aware of their whistleblowing policy and told us they would raise any concerns if necessary. 	

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

Source	Feedback
Interviews with staff	<p>Staff told us they enjoyed working at the practice and spoke highly of the culture. They reported they felt respected and valued.</p> <p>Staff told us they received informal support when required and could request learning and development at any time. All staff were provided with monthly practice protected learning time sessions.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff attended the monthly practice meetings, which was the forum at which performance, significant events, complaints, safeguarding issues, and updated policies were discussed. The practice held weekly clinical meetings, attended by the GPs and nurse practitioner, where significant events, complaints, safeguarding issues, safety alerts and clinical updates were 	

discussed. Weekly nurse meetings were also held.

- Communication was effective and organised through structured, minuted meetings.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had undertaken a range of audits that demonstrated improvements for patients. Audits were carried out in response to changes in best practice guidance or safety alerts. • The practice had reviewed their skill mix following the change in registration and employed a nurse practitioner to compliment the clinical staff team. • The principle GP had two dedicated management sessions per week to enable them to fulfil their management duties. • The practice needed to further develop a number of risk assessments. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
The patient participation group (PPG) was well established and active in supporting the practice. We spoke with the chair of the PPG. They told us they held meetings every three months, which were also attended by the GP and members of staff. They said they had a good working relationship with the practice and that requests or suggestions were listened to and acted up whenever possible. For example, the PPG had suggested the introduction of Cancer Champions and the practice had acted on this. The PPG had worked with the practice to promote on line access and with the bowel cancer screening service to raise awareness.

Any additional evidence
Information about the PPG was displayed on the notice board and on the practice website. The minutes of meetings and the annual report were also available on the website.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was a training practice for doctors to gain experience and higher qualifications in General Practice.• The practice was a member of the Medical Research Council's General Practice Research and participated in studies when requested.	

Examples of continuous learning and improvement
<ul style="list-style-type: none">• The practice had become an IRIS (Identification and Referral to Improve Safety) trained practice. IRIS training enables GPs to identify patients affected by domestic violence and abuse and refer

them to specialist services.

- One of the GPs and a member of reception staff had received additional training to become Cancer Champions and support patients who had received a cancer diagnosis.
- The practice held monthly practice protected learning time sessions.

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 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.