

Care Quality Commission

Inspection Evidence Table

Leatside Surgery (1-549590477)

Inspection date: 6 March 2019

Date of data download: 18 February 2019

Overall rating: Outstanding

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems, flags and alerts to identify vulnerable patients on record.	Yes
There was a risk register of specific patients which was securely stored.	Yes
Disclosure and Barring Service (DBS) checks were undertaken for all staff regardless of role.	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	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
Safeguarding systems were discussed at internal clinical meetings where individual cases were reviewed. Training events including those for domestic violence were provided and learning distributed through the Weekly Update produced by the Operations Manager. All policies/procedures were available through the intranet, shared drive and via a staff handbook.	
Patients at risk who failed to attend appointments were followed up appropriately.	
Monthly multi disciplinary team (MDT) meetings were held at the practice and additional monthly meetings with Health Visitors were held. Safeguarding matters were also discussed at the virtual ward meetings with the practice safeguarding GP, local health and social care partners and vetted voluntary sector input (contracted through Torbay Hospital).	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Recruitment checks were completed and the occupational health new starter form was completed. Indemnity was covered by a group care policy.	

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: 11 January 2018	Yes
There was a record of equipment calibration. Date of last calibration: 14 January 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: May 2018	Yes
There was a log of fire drills. Date of last drill: 08 February 2019	Yes
There was a record of fire alarm checks. Date of last check: Completed every Thursday morning before building opens with logs kept.	Yes

There was a record of fire training for staff. Date of last training: 21 June 2018.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 16 April 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Repeat PAT testing had been booked for March 2019. The provider had ongoing scheduled contracts in place for the management of this. The last fire risk assessment had highlighted there was no signage for liquid nitrogen. This was immediately rectified.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 30 June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September and October 2018	Yes
Regular health and safety (H&S) meetings were held and staff had designated responsibilities regarding H&S. The last meeting had resulted in actions which included ordering additional hand sanitisers, checking staff immunisation status and clearing boxes which were causing a trip hazard.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were 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: 14 January 2019 and 21 February 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

	Y/N/Partial

There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>The nine GPs followed an agreement that they would cover GP sickness. Other staff covered each other's absences within teams. The reception was intentionally staffed above minimum standards on all shifts to allow for unexpected sickness.</p> <p>There was a structured induction programme for Interns, Students and Junior Doctors. New staff were provided with copies of relevant policies.</p> <p>The practice had a designated Sepsis Lead who had given a presentation to all staff and had delivered recent update training through the 'Leatside Learning' education sessions. Additional prompts and protocols for sepsis were built into the practice clinical computer system.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes

There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>The practice summariser (staff who summarises patient records) had been a registered nurse so was able to identify any issues which required escalation.</p> <p>Medical secretaries at the practice kept a check list of delayed or unbooked two week wait referrals and chased up hospital booking teams if no appointment had been arranged.</p> <p>Systems were in place to securely share patient information. Patient consent was checked/sought where appropriate. For example, emergency housing for homeless people and housing associations seeking confirmation of patient's vulnerability if they were to be made homeless.</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 Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.82	0.96	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	14.4%	10.4%	8.7%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.11	6.11	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.45	2.28	2.22	No statistical variation
We spoke with the provider about the higher than average number of prescribed antibiotics compared				

Indicator	Practice	CCG average	England average	England comparison
with other local and national practices. The provider said four new GPs had been recruited recently so were looking at some inherited prescribing data. The leadership team were already aware of these scores and had a meeting planned with all GPs and non- medical prescribers to discuss Public Health England guidelines for treating common infections in primary care. The GPs had recently added alerts to the clinical system for the commonly used antibiotics in an attempt to reduce this.				

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

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Prescribers at the practice attended regular prescribing review meetings. Fortnightly meetings were held between the Advanced Nurse Practitioner (ANP) and the dedicated lead GP for ANPs, to ensure effectiveness and safety.	
Quarterly prescribing data was shared and reviewed with all non medical prescribers at the practice and discussed at the staff annual appraisal. The practice pharmacist attended the biannual GP Prescribing Forum and was registered with the General Pharmaceutical Council (GPhC) and complied with their revalidation schedule to ensure on-going competence.	
The practice were in the process of implementing a system to obtain for signature on collection for all controlled prescriptions collected in person until the Electronic Prescription Service (EPS) for controlled drugs was introduced to further improve on the security of such prescriptions.	
Two of the GPs were trained in shared care prescribing for substance abuse. These GPs prescribed in partnership with the 'Together Drugs and Alcohol Service' and had regular communication with the local practitioner.	
Although the practice monitored patients' health when taking high risk medicines (for example, warfarin, methotrexate and lithium) there was insufficient safety netting to monitor patients who had failed or opted to request selected repeat prescriptions. This was discussed with the provider who immediately implemented a proactive medicine review for patients by generating a weekly list of patients who were prescribed a "higher risk" medicine, or ones that needed monitoring. The leadership team stated that this would be shared with the named GP for a paper review. Any patients who required face to face or telephone review would be contacted and booked in with the practice pharmacist.	

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:	Six
Number of events that required action:	Six
The practice used a yellow card system which was rolled out by the clinical commissioning group for GPs	

and practice staff to raise concerns about external organisations.

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

Event	Specific action taken
A nurse gave an incorrect immunisation	No harm came to the patient. The nurse immediately explained what had happened to the patient's parent and informed the GP and Public Health England who said no further treatment was necessary. The nurse completed a significant event form and discussed with colleagues at the next clinical meeting. The event was discussed and reviewed at the next significant event meeting. Learning included ensuring staff took time to check the immunisation schedule and patient details. Action also included introducing a second registered nurse to attend clinics where more than one immunisation was being administered. The staff involved confirmed the process was supportive.
A complaint received at the practice including feedback about inadequate stool screening tests.	The patient raised concerns that insufficient screening had been completed. The practice managed the concerns as a significant incident and had discussed practice procedures. Learning including reviewing NICE guidelines and adjusting the practice procedures to ensure they were in line with national guidelines.

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
Safety alerts were reviewed by Nurse Team Leader in the first instance and were then acted on or disseminated as required. Actions were recorded in a detailed action log kept on the shared drive and more important actions were taken to clinical meetings for discussion. These were minuted and saved on the practice intranet. These included high risk epilepsy medicines being taken by women of child bearing age.	

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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.47	0.96	0.81	No statistical variation

Although there was no statistical variation the GPs were aware of the higher than average prescribing of both high-dose opiates and hypnotic medicines and considered this could have been inherited and historic. However, GPs met to discuss this issue and stated that they were in the process of further reducing the number of these medicines by proactive interrogation and review of data and prescribing patterns since new GPs had started at the practice. The action plan also included closer liaison with specialist healthcare providers to jointly introduce plans to reduce medicines where appropriate and review the prescribing patterns every three months. A prescribers' meeting had been planned at the end of the month to discuss this.

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. • Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> • Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. • Staff who were responsible for reviews of patients with long-term conditions had received

specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	85.9%	84.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	22.2% (124)	20.3%	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>	80.7%	78.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	17.2% (96)	17.7%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.3%	84.2%	80.1%	Variation (positive)
Exception rate (number of exceptions).	24.2% (135)	16.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.0%	76.0%	76.0%	Significant Variation (positive)

Exception rate (number of exceptions).	25.5% (233)	11.5%	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)	95.2%	91.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	14.1% (38)	15.7%	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)	89.3%	83.1%	82.6%	Variation (positive)
Exception rate (number of exceptions).	12.5% (240)	6.8%	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)	86.2%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (26)	6.3%	6.7%	N/A

We spoke with the provider about the higher than average exception reporting rates for long term conditions including diabetes and respiratory illnesses. We were told they were aware of these rates and kept the rates under close review and associated the figures with where a patient did not agree to investigation or treatment (informed dissent) due to the alternative health lifestyles and choices which was common for the population group in Totnes.

We looked at a sample of patient records from all conditions and saw that clinical reasons for exception were explained clearly and were deemed appropriate. We saw no evidence of blanket exception reporting and saw the practice followed up patients who chose not to or failed to attend reviews by telephone and by letter. There was administration support for this who followed a system of sending three follow up letters and text reminders to prompt patients who had failed to attend for appointments. GPs were then contacted when patients had failed to respond.

The respiratory team met monthly to discuss clinical outcomes. The team had supported the pulmonary rehabilitation classes and were also monitoring the emergency admissions for patients with asthma and COPD and had seen a reduction of asthma/COPD related admissions over the last three years. For example, between 2017 and 2018 the number of emergency admissions was recorded at 29% of patients with asthma and 13% with COPD. For 2018-2019 this had reduced to 23% and 10%.

The leadership team had agreed and identified that they needed to further address exception reporting rates and had booked a meeting later in the month to work through each clinical domain in detail and agree on a tailored approach for each condition and vary and increase the methods of contact and follow up. The plan included having a joined-up approach across the clinical and non-clinical team, using the skills of the nursing, GP and administrative staff.

Families, children and young people

Population group rating: Good

Findings

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments and would liaise with health visitors when necessary.
- Young people could access services for a full range of contraceptive services and sexual health care.

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>	102	121	84.3%	Below 90% minimum (variation negative)

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	75	94	79.8%	Below 80% (Significant 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)	72	94	76.6%	Below 80% (Significant 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)	73	94	77.7%	Below 80% (Significant variation negative)

Any additional evidence or comments

The immunisation programme was managed by the nursing team and nurse administration team. The administration team invited the babies/children in when appropriate. The practice nurses then administered the vaccines and provided health and wellbeing advice.

We saw many initiatives implemented by the nursing team to attract more parents. For example, in 2016 uptake rates were averaged at 76%. At this time, staff had been offering flexible appointments and opportunistic immunisations. GPs promoted the vaccines on local television and produced articles for the practice newsletter and community magazine. In 2017 there had been an outbreak of measles in the area but uptake remained low. The practice increased communication with the local school who then promoted vaccines for children wishing to attend school trips. The practice saw the uptake increase to 80%. Since this time practice staff were aware this rate had fallen again despite ongoing attempts to follow up these patients.

The nursing and leadership team had identified the lower than average immunisation rates in June 2018, and had liaised again with Public health England. Nurses reviewed the actions which included increased communication with health visitors, continued proactive telephone calls to patients who did not attend to try to rebook and hold a discussion regarding non-attendance. The immunisation lead and nurse administrator commenced a quarterly IT search to identify those patients with outstanding immunisations and made contact. In addition, vaccine updates were included as a standing agenda item at the nurse meetings.

A further meeting was held in July 2018 with the Public Health England Screening and Immunisations Team to seek advice about how the nursing team could improve the uptake of MMR and childhood immunisations in general. A snap shot data extraction and regular audits continued of non-attenders and contact made to discuss concerns and understand decisions made. This work was in conjunction with five other local practices who serve the same population group as a part of the MMR Innovation work to share best practice at the end of the year and compare our results.

Ongoing communication at the six-week baby check continued to ensure all GPs were offering information (leaflets) on immunisations so that parents have a chance to look at the information before the eight week appointment.

Practice staff also provided resources on how to provide robust evidenced based information to parents who have concerns around vaccination. These leaflets promoted an impartial website which explained the immunisation process and included information regarding complimentary therapies, including homeopathy.

Vaccine uptake rates continued to be monitored each quarter. The practice said the continued low uptake rate was mainly due to the alternative lifestyles of significant numbers of parents in this locality and said that they ensured care was still delivered in a non-judgemental and non-discriminatory way whilst providing all information available.

Data for quarter three (2018/2019) provided by public health England and submitted by the practice shortly following the inspection showed that:

- 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) had increased from 84.3% to 90.3%
- 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) had increased from 76.6% to 87%.
- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) had increased from 79.8% to 87%
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) had increased from 77.7% to 87%.

The practice had systems in place to benchmark patient outcomes with other practices in the area. This was done to ensure any action taken in response to the challenges of the alternative elements the patient population were taken into account when assessing the effectiveness of the actions taken to increase immunisations uptake.

When comparing immunisations data from 2017/18 with practices in the same CCG who have a similar population group the practice uptake was seen to be comparable or in some instances slightly higher.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medicines without the need to attend the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.1%	75.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.2%	73.2%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	60.2%	61.2%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	60.0%	66.0%	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) (PHE)	53.1%	53.9%	51.9%	No statistical variation

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 met with the palliative care teams to discuss these patients and recorded patient wishes and treatment plans on the patient record.
- Information about vulnerable patients was shared (with consent) with external healthcare providers and out of hours organisations to promote continuity of care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, displaced families and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Requires Improvement

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.
- 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.

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>	95.3%	95.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	40.6% (58)	16.8%	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) <small>(QOF)</small>	91.1%	94.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	37.1% (53)	13.6%	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>	94.1%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	22.7% (20)	7.8%	6.6%	N/A

We spoke with the provider about the higher than average exception reporting rates for mental health indicators. We were told they were aware of these rates and kept the rates under close review and associated the figures with where a patient did not agree to investigation or treatment (informed dissent) due to the alternative health lifestyles and choices which was common for the population group in Totnes.

We looked at a sample of patient records from patients with mental health issues and saw that clinical reasons for exception were explained clearly and were deemed appropriate. We saw no evidence of blanket exception reporting and saw the practice followed up patients who chose not to or failed to attend reviews by telephone and by letter. There was administration support for this.

The leadership team had agreed and identified that exception reporting rates for mental health had been increasing since 2015/16. Additional efforts were made throughout 2018/19 to improve on this. This primarily focussed on the GPs proactively calling patients who had not responded to three invitations to book an appointment to explain why a review was important.

Data provided by the practice shortly after the inspection demonstrated the effectiveness of the GP telephone and face to face interventions in 2018/19. For example, overall exception reporting rates for mental health indicators had reduced by 10%. (From 33% in 2017/18 to 23% in 2018/19). The provider planned to continue and monitor these improvements.

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)	557.0	551.6	537.5
Overall QOF exception reporting (all domains)	7.9%	6.9%	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

We saw many examples of audit conducted in the last 12 months. These included:

- Four years of contraceptive Coil Audits and continual improvement
- A completed cycle of a review of diabetic management using PARM (a computer based proactive register management) tool.
- Annual Audit on Chlamydia Screening Uptake (2015-2018)
- Weekly review of 'admission avoidance alerts'

- Beta Blocker (heart medicine) Audit (2017 and 2018)
- A completed cycle of a urinary tract infection presentation in duty surgery audit (January 2018)
-The two cycle audit reduced unnecessary interruptions of the duty surgery for suspected UTI and inconsistent management of these patients.
- Monthly monitoring of use of medicines by the in-house pharmacist.
- Sodium Valproate (Epilepsy medicine) and risks for women of child bearing age.
- Inadequate Smear Audit
- Likely Diabetic Patient Audit
- Warfarin (Blood thinning medicine) Patient Safety Audit
- Newly diagnosed patients with cardiovascular disease who had been offered statins
- Effective Handwashing Audit

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
There was a strong commitment for staff to develop their skills, competence and knowledge and staff were encouraged and supported by the practice to acquire new skills. For example: <ul style="list-style-type: none"> • The practice had introduced the monthly “Leatside Learning” sessions in which a member of the team delivered training on a specific topic. As a part of the Moor to Sea Locality the practice had had two Clinical Education afternoons with shared training across the locality and speakers from 	

Torbay Hospital.

- The practice was currently undergoing the IRIS (Domestic Violence and Abuse) training for all staff and staff had recently completed Health Navigation training.
- In the past three years all reception staff have been trained as Health Navigators, undergone customer service training, trained on dealing with customer complaints as well as cyber security.
- A Health Care Assistant had completed flu vaccination training.
- The practice supported one of our nursing team through Non-Medical prescribing qualification. This involved dedicated time out of the workplace, joint clinics with a dedicated GP, with additional tutorial time.
- In 2018 the General Manager was supported to attend a developing systems leadership course run by Plymouth University.
- Two apprentices had completed level two business administration qualifications and were undertaking level three qualification.
- Another member of staff was being supported a part time business degree with the practice flexing rotas and working hours to accommodate.

The practice used an external recognised online training system and also recorded external and face to face training. Reports were produced for the leadership team to demonstrate compliance. The operations manager sent reminders to staff when training was due and automatic reminders were generated from the system.

No Health Care Assistants (HCA) had been employed since 2015, however all current HCAs were working towards completion of the Care Certificate in 2019.

The practice had a culture of peer support for development and senior staff regularly worked alongside staff in a supernumerary capacity to offer support and feedback. For example;

- The advanced nurse practitioner had adhoc informal support and formal fortnightly supervisions with a dedicated lead GP for advanced nursing which were a combination of tutorial and supervised clinics.

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 (MDT) case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QoF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Monthly MDT meetings were held with palliative care, safeguarding and community teams. Monthly Virtual Ward Plus meetings were also held which include community matron, mental health team, vetted voluntary sector and intermediate care teams where the needs of complex patients were discussed. Daily video conferencing was held with the multidisciplinary team meeting responsible for the intermediate care.</p> <p>The practice offered eConsultations. The eConsult system signposted patients directly to local services for self-referral. For example, the depression and anxiety service and physiotherapy.</p>	

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
<p>We saw many testimonials from external health providers, support agencies and voluntary services. These commented on the effective communication and proactive sharing of information. The testimonials also referred to practice staff being approachable, receptive and supportive and excellent partners in care.</p> <p>The practice wrote a monthly "Health Matters" article for the town's Totnes Directory magazine. All articles were published at the practice. Examples included promoting the NHS Health check, keeping well in the winter, self-help advice, healthy lifestyle advice and NHS screening.</p> <p>Patients were signposted to self-help sources through Health Navigation staff and clinical input. Patients were referred to Health and Wellbeing coordinators who were facilitated by the Totnes Caring charity and community connectors who provided a number of self-help services including debt advice, housing advice, social activities, befriending and help with transport.</p>	

The practice had TV Screens which signposted patients to internal and external support services.

The practice had worked with the rotary club to host a 'Know Your Blood Pressure Day' and had supported the charity 'Supporting Cardiac Risk in the Young' by providing free premises for their checks over a weekend.

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>	91.0%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (15)	1.0%	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
Consent was obtained and recorded using templates or free text on the patient electronic record. Where written consent forms were used, these were scanned into the patient electronic record. The practice were in the process of standardising the written consent process across the practice.	

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
Practice staff were aware of the local population, alternative viewpoints regarding health and lifestyles and provided non-judgemental, non-discriminatory care. For example, nursing staff had taken additional time to explain the childhood immunisation schedule to anxious questioning parents and had sourced educational websites which took into consideration the viewpoints of patients.	

CQC comments cards	
Total comments cards received.	26
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Two comment cards stated that they could always get an appointment with a GP and appreciated the same day service but added that they sometimes had to wait to see a GP of their choice at a time convenient to them. All cards commented positively about the service received stating that it was 'very good' and 'excellent'. Patients described the practice as friendly and having a good atmosphere. Patients said they liked that they could monitor blood pressure on the equipment in the waiting room, and could collect medicines from the onsite pharmacy. Patients said that making an appointment was easy and stated that the staff were kind, caring and helpful.
NHS Choices	There were 10 ratings on NHS Choices with an average of 4 out of 5 stars. All reviews had been responded to by the general manager. Positive feedback related to the service and staff. The two negative reviews related to mental health provision.
10 feedback comment cards from the coil clinic	All 10 comment cards were positive about the service stating patients had been provided with kindness and sensitivity.
Friends and family test results	Of the 105 responses collected in 2018 all were extremely likely or likely to recommend the practice.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15029	232	107	46.1%	0.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	88.9%	91.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.5%	90.6%	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)	95.7%	97.2%	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)	90.3%	87.4%	83.8%	No statistical variation

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

Any additional evidence
<p>There was evidence to show that the practice valued the views and feedback of patients and responded well to this. We saw many examples of proactively obtaining patient feedback. For example:</p> <ul style="list-style-type: none"> The practice had completed a Health Navigators / Same Day Service / Advanced Nurse Practitioner (ANP) feedback survey late in 2018 over a five-day period. 101 Patients were surveyed and 74 responded. Results showed that patients were happy with the health navigators and the efficiency of the service. Patients were satisfied with the same day ANP service and 100% of respondents thought the service had improved. 100% of patients who answered were moderately, very or extremely confident with the ANPs clinical assessment.

- Patient representatives were consulted about a refurbishment programmes resulting in significant adjustments being made.

The Patient Participation group had recently (Feb 2019) completed a patient satisfaction survey. They were due to recommend the following to the leadership team:

1. Reinstate well women and well man clinics for the over 50s.
2. Information about immunisation programmes, particularly for shingles, should be more widely available.
3. Have a regular column from 'The Surgery' in local papers to inform people about current issues. This forum can also be used to flag up forthcoming events, including PPG meetings and any talks.
4. Put out a wide selection of leaflets about other related services available locally.
5. Investigate the feasibility of monitoring the use of prescribed medicines by vulnerable patients.
6. Clearer signs for the water stations.
7. Reinstate text reminders for next-day appointments.
8. Investigate the feasibility of alerting no-shows by text or e-mail that they have missed their appointments.
9. When appointments were booked in person or by telephone, patients to be reminded that this can be done on-line.
10. PPG information to be available at Reception.

PPG representatives said they were confident that the leadership team would be receptive and responsive to the findings and had already started addressing some points. Staff added that some points were already offered. For example, NHS health checks for the over 45-year olds, availability of leaflets and regular articles in the practice newsletters and local newsletters.

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
Practice staff referred patients to community services including social prescribers, community connectors, carers support groups.	

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)	98.2%	96.5%	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 and on TV screens in the waiting areas.	Yes

Carers	Narrative
Percentage and number of carers identified.	402 Identified – 2.7%
How the practice supported carers.	Once identified, carers were referred to the Devon carer service. A testimonial from the carers service demonstrated that practice staff communicated well and were proactive in identifying carers and displayed information on the television information screens in the practice. The practice had also hosted the Devon carer and information stand at the practice during Carers week, Carers rights day and during the flu clinics.
How the practice supported recently bereaved patients.	Once identified, the patients usual GP or the GP most familiar to the patient contacted the family to offer additional support or bereavement care.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Signs asking for patients to wait to be called were displayed to ensure that patients had space to speak confidentially. Computer screens were below the level of the reception desk to prevent patients from being able to see confidential information.	

Responsive

Rating: Outstanding

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Since the last inspection the practice had completed a major two-phase redevelopment of the premises. This was following an analysis of the population growth in the local area. The redevelopment had resulted in the creation of a dedicated, secure notes storage facility, a new manager's office and three new consulting rooms. These had been used to accommodate new staff who had been recruited to meet current and future patient demand.</p> <p>The practice had a disability lead who had written an award winning paper in 2016 regarding access for patients with a disability. Following this study the practice had made a number of reasonable adjustments for patients and had proactively conducted a disability audit with patients to identify how access could be improved.</p>	
<p>There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. For example:</p> <ul style="list-style-type: none"> Practice staff provided dedicated medical support for the local Health and Wellbeing Team (HWBT) comprised of community health and social care teams which were based at Totnes Hospital. This collaborative group enabled patients to remain at home with enhanced care needs, offering an alternative to being in hospital and so support a reduction in hospital based care through admission avoidance and supported hospital discharge. The work of the HWBT was underpinned by the local charity Totnes Caring. This organisation had initially been set up by staff at the practice and now ran independently as a charity. One of the GPs sat on the board as trustees and the practice offered hosting facilities and support as required. The 	

practice invited Totnes Caring representatives to the multi-disciplinary meetings to facilitate any further support patients may need.

- The practice had a dedicated early visiting GP with the aim of avoiding admissions or reducing the wait for elderly patients in the emergency department. An audit of the project set up in Autumn 2018 showed that the practice had received 50 requests for visits. Of these 37 visits had been completed, resulting in 11 early admissions and 5 avoided admissions. The practice estimated that this had saved the Clinical Commissioning group £12,500 in admission costs.
- The practice work closely and effectively with the support of the ‘Caring Town Rough Sleepers’ group and had secured a community drug and alcohol practitioner to run an outreach clinic in Totnes. This removed the need for these patients to travel to Newton Abbot for this service and meant they could access support and treatment. Patients were encouraged to use the practice address for correspondence.
- Staff provided phlebotomy (blood taking) and antipsychotic medicine monitoring for residents in a private drug and alcohol care home in Totnes and provided additional and extended appointments for a number of refugee families who have been placed in Totnes.

Practice Opening Times

Day	Time
Opening times:	
Monday	08:00 – 19:30
Tuesday	08:00 – 19:30
Wednesday	08:00 – 19:30
Thursday	08:00 – 19:30
Friday	08:00 – 18:30
Appointments available:	
Monday	08:30 – 19:30
Tuesday	08:00* – 19:30
Wednesday	08:30 – 19:30
Thursday	08:30 – 19:30
Friday	08:30 – 18:30
	*One GP provided an early clinic on a Tuesday

Each morning the GPs held a 30 minute open access telephone session. This enabled patients to call their own GP between 8.30am and 9am without needing an appointment or speaking with the health navigators. Staff said this was offered to all patients but usually used by working people as a way of accessing GPs at a convenient time and for patients to touch base with their GP following change to medicine. This service was offered to provide continuity of care for patients.

Patients who were in the queue at the end of the half an hour were transferred through to the reception team under a specific “GP overflow” line.

In order to improve access, the practice had successfully implemented the eConsult service, enabling patients to consult with the practice 24 hours of the day. Feedback from patients was positive about this

service.

The practice shared the premises with an optician and independent pharmacy and had worked with the pharmacy to match the opening times for both services.

The practice also offered 'Improved Access' appointments between 8am and 8pm Monday–Friday as well as weekends.

The leadership team had educated the reception team as Health Navigators who were able to signpost patients to self-care options as an alternative where appropriate. Health navigators had access to additional guidance regarding this.

In response to increasing demand, rising stress levels of staff and patient feedback the practice had introduced an 'On the Day Team' which consisted of a duty GP and Advanced Nurse Practitioner operating separate lists.

The health navigators actively signposted patients to appropriate points of care. These included, the duty GP, ANP, practice pharmacist, connector, dentist, depression and anxiety service, eConsult, minor injury unit, community pharmacy, physiotherapist, practice nurse and sexual health clinic. Following 12 months of the change the service was audited. The audit summarised:

- The Duty Doctors saw 40% fewer patients in this period (2,608 rather than 4,381).
- GPs have reported a significant reduction in the pressure they feel during a duty clinic. Previously they had all reported feeling stressed and anxious ahead of these clinics, whereas now they felt they had the time to safely and effectively manage patient demand
- The Health Navigator team received an additional 662 requests during this period (110 per month) with these increased numbers signposted to another, more appropriate point of care, both within and external to the practice.
- The practice had clinically reviewed 310 consultations conducted by the ANP and could evidence that the care was safe, appropriate and effective in managing patients
- Patients surveyed with regards to the role of the Health Navigators and ANP showed satisfaction levels for both exceeding 90%.
- The number of patients who were seen within five minutes of their planned appointment time had doubled in a twelve month period (from 14% to 28%)
- The number of patients seen within ten minutes had increased by 67%
- The number of patients waiting longer than ten minutes for an appointment had reduced by 32%

The ANP role had been introduced in the last 18 months. The ANP role was introduced to assist with the 'duty doctor' workload generated by daily need for urgent appointments with the increasing patient population. The aim of the role was to improve the day to day working environment of the GPs without compromising patient care. The ANP worked in conjunction with the 'health navigators' and had a fortnightly mentor catch up with a dedicated Lead GP. The practice had audited the success of the role

and to assess if patients were re-presenting inappropriately to see a GP. The audit consisted of all the patients seen by the ANP in the practice over a month period. Of the 310 patients seen 203 patients did not need any follow up, 70 needed follow up by a GP, 29 by the ANP and eight by the practice nurse demonstrating that the role of ANP in assessing and managing acute 'on the day' problems at the practice was achieving its aims of reducing workload effectively.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15029	232	107	46.1%	0.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.4%	95.9%	94.8%	No statistical variation

Older people

Population group rating: Outstanding

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.
- Members of the multidisciplinary team (Community nursing team, Community Matron and some mental health services) were based at the practice which promoted effective communication for the care of elderly and housebound patients.
- The practice ran an established multidisciplinary "Virtual Ward" meeting where patients who were at a higher risk of admission were discussed. Leatside provided input from a dedicated GP to ensure continuity of care for these patients.
- The practice had further enhanced the virtual ward service by including mental health professionals. A review of the virtual ward plus meetings showed that patients most likely to attend the practice more frequently in the last two months had reduced from 36 patients in January 2018 to five patients in May 2018 and two in February 2019.
- Leatside employed a dedicated GP for Totnes Community Hospital to provide ongoing integrated care and support which enabled patients to be cared for closer to home. Throughout the winter additional weekend support was provided ensuring safety was prioritised during the periods of highest pressure. A testimonial from the service provider indicated that the additional weekend support had been a contributing factor for no rise in the average in patient stay during the busy period.

- The Health and wellbeing team were integrated into the practice discharge process to ensure that patients have appropriate support once home.
- GPs held a daily video conference with the integrated team with aim to reduce hospital admissions.

People with long-term conditions

Population group rating: Outstanding

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 had two health pods in the waiting areas which enabled patients to self-manage their conditions by checking their own height, weight and blood pressure regularly. This information was automatically fed through to their medical record and flagged an email message to the GP if any readings were out of range.
- Each long-term condition was overseen by a Lead GP and practice nurse and was supported by a multidisciplinary team of additional GP, pharmacist and nursing staff.
- A clinical pharmacist had been embedded into the management of patients who had long term conditions including respiratory illnesses.
- The practice followed and implemented the local Chronic Obstructive Pulmonary disease (COPD) GOLD guidance (nationally recognised best practice guidelines).
- Practice nurses and the clinical pharmacist attended a local pulmonary rehabilitation and exercise class in the town to provide additional advice and guidance to the members. These patients were also offered annual assessments of their conditions at the practice.
- Patients with diabetes were managed by two designated GPs and three practice nurses and had recently commenced a service for joint primary and secondary care management of complex diabetic patients.
- Patients with long term conditions were identified at the virtual plus meetings and complex care meetings and then signposted for additional support which included social prescribing schemes, befriending, assistance with transport or social isolation.

Families, children and young people

Population group rating: Outstanding

Findings

- The practice followed a 'Did not Attend' or 'Was not brought' policy for vulnerable adults. A children's policy was also followed which triggered follow up processes for 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 or did not attend their appointments. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment.

- The GP safeguarding children lead held monthly meetings with health visitors.
- In response to a local incident in the town the practice had increased their work with the Totnes Caring Town Safeguarding Group to improve communications, share non-confidential information and generate new ways of thinking and working together. The practice worked with local police, street pastors, schools, churches, all levels of local government, the children's centre, youth drug agency and relevant community groups. In July 2018 the practice had worked closely with a local school to equip pupils and parents with basic life support and first aid skills.
- Patients could access a full range of family planning at three designated family planning clinics. These services were routinely audited over the past four years. For example, total number of coils fitted in two years (April 2016- April 2018) was 147 with no complications arising in these patients. Trainee GPs were able to use the sessions as learning opportunities. Feedback about this was positive.
- The practice had a sexual health lead. Since this lead was in place the chlamydia screening uptake had doubled between 2014 and 2017 due to proactive promotion of the self test packs.

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm four days per week and offered early morning appointments on a Tuesday mornings. Patients could also access weekend appointments as part of the local improved access programme. Pre-bookable appointments were also available to all patients.
- The practice offered a full range of travel immunisations, including yellow fever and worked with travel healthcare specialists. Travel clinics were available at any time and advice was also available on the telephone from the duty nurse service every morning.
- The practice used text message and reminders extensively for informing patients of results and appointment reminders.
- Patients had use of two self-service Health Pods which enabled them to update their blood pressure, height and weight without the need for an appointment.

People whose circumstances make them vulnerable

Population group rating: Outstanding

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. Homeless patients were able to use the practice as their registered address for correspondence.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning

disability.

- The practice had worked with external organisations and charities since 2015 to discuss how to make a compassionate and constructive response to the growing number of rough sleepers and beggars in Totnes. Leatside staff attended these regular meetings and had been instrumental in setting up a specialist substance misuse service based at the practice rather than expecting these patients to travel to Newton Abbot, several miles away.
- The practice had also influenced the introduction of a successful “alcohol free zone” in a nearby walkway to the practice and town centre. This had been introduced as a direct result of feedback from patients visiting the practice.
- Two of the GPs were able to care, treat and prescribe for the recovery of patients suffering from substance misuse.
- Patients with learning difficulties were all offered an annual health check, by the health care assistants (HCA) and GP. Practice staff supported many small care homes and supported living homes for patients with learning difficulties.
- The practice were proactive in the care of Veterans of the Armed Forces. One of the GPs had a specialist interest in this area and ensured their health needs were met in line with the armed forces covenant.
- Totnes offered sanctuary to displaced asylum seekers if they wished to live in Totnes. Leatside Surgery was supporting this to ensure these families had access to healthcare.

People experiencing poor mental health (including people with dementia)

Population group rating: **Outstanding**

Findings

- 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.
- Practice staff worked effectively with community mental health team who were based at Leatside which meant prompt informal access to psychiatrists, community psychiatric nurses and support workers.
- In 2018, Leatside staff and Totnes Caring had set up a referral programme for patients newly diagnosed with dementia which also advised their carers of local support available through the Devon Carers organisation.
- One of the GPs had developed a review template for patients with memory problems or dementia to assist patients with their review. The form asked for information regarding carer support, current abilities, concerns and well being.
- The practice had an effective self-referral service for those patients suffering with anxiety and depression (DAS) which patients could access through the eConsult system and within the practice.
- Practice staff offered specialist blood tests on patients taking high risk medicines, including a cohort of patients with severe and enduring mental health problems grouped in residential homes

in the town.

- The Virtual Ward had been expanded to include input from the Mental Health team and had been renamed virtual ward plus.
- The practice hosted community social prescribers and connectors so patients could access support and signposting.
- The practice hosted external events including support for parents who had separated from children. Testimonials included comments about a culture of care for these patients who are suffering from mental illness.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
The practice had outsourced specialist training for reception staff to deliver health navigation for patients. This enabled them to signpost patients promptly and effectively and identify those who need urgent care. An Advanced Nurse Practitioner had been recruited to work alongside the duty doctor between 10am and 6pm every day to double the on the day capacity. This had been implemented to ensure that staff were able to treat all urgent patients safely and in a timely manner. In addition to this the practice had introduced a new early visiting scheme, which enabled a dedicated GP to visit those urgent patients without disrupting duty clinics.	

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)	93.3%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	88.7%	75.1%	68.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	76.3%	71.0%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2018 to 31/03/2018)				
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)	85.1%	80.5%	74.4%	Variation (positive)

Any additional evidence or comments

The practice consulted with the Patient Participation Group (PPG) about access in 2017. The practice were committed to implementing a new phone system following a trend in complaints about the difficulty of getting through on the phone and the practice ability to meet demand. Specific comments were around patients who were calling to cancel appointments but had to wait to do so.

In February 2018 the practice procured and implemented a new system which had enabled them to effectively manage inbound and outbound calls. All members of the reception team and overflow consoles could be accessed resulting in double the number of lines in and out of the building from 16 to 32 with a dedicated cancellations line.

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.	22
Number of complaints we examined.	22
Number of complaints we examined that were satisfactorily handled in a timely way.	22
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
Patients spoken to knew how to complain but added that they had not had the need to do so. All verbal and written complaints were recorded onto a spreadsheet and discussed at clinical meetings if indicated. All correspondence and communication was logged contemporaneously with outcome of discussions held.	
Information about complaining and offering feedback was included on the website and on posters within the practice.	

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Example(s) of learning from complaints.

Complaint	Specific action taken
Complaints regarding interactions between staff and patients.	Staff were informed of these complaints for their reflection and learning. Where these complaints involved patients telephone calls, calls were played back and listened to for assessment.
Complaints including clinical issues.	Any clinical issues were discussed at clinical meetings and managed as significant events where appropriate.

Well-led

Rating: Outstanding

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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>There was compassionate, inclusive and effective leadership at all levels.</p> <p>Leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges. The leadership team proactively planned for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority.</p> <p>Leaders understood the challenges, had reported any concerns to external organisations and worked well with external stakeholders, charities and community groups. For example, setting up Totnes caring and discussing provision of healthcare in Devon with NHS England and the local CCG.</p> <p>Patient feedback was proactively sought, welcomed and acted upon. For example, building plans were discussed with patient representatives and changes significantly.</p> <p>Staff said the leadership team all had an open-door culture where staff could discuss anything of concern at any time regarding work, support needed either at work or at home.</p> <p>Openness, honesty and transparency were demonstrated when responding to incidents and complaints and patients were supported to achieve a positive outcome wherever possible.</p> <p>There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.</p>	

Staff said the GPs and leadership team were visible and approachable and added that communication was good. Staff were excited about the future and said they felt part of the team.

The practice had continued the embedded culture and history of supportive succession planning. For example:

- At the last inspection the successor for the General Manager was brought in to train alongside the incumbent two years ahead of their retirement.
- The Operations Manager post was also filled three months ahead to allow for an appropriate overlap.
- The Nurse Team Leader post was also managed by staggering the new post holder with retiring post holder.
- A current team leader was identified early and was trained alongside the existing team leader.
- A training GP had been appointed to replace a GP for twelve months to cover maternity cover
- A GP had been appointed nine months ahead of retirement to ensure a smooth transition.

The practice had also started a process of recruiting through apprenticeships for reception and administrative staff ahead of expected retirements.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.	
The vision and value was shared across all teams in the practice. For example, a forward planning meeting expressly with the involvement of the nursing team was held, taking into account their vision for individual and team values.	
Integrated working had been established as part of the community services review. The practice had partnered with external stakeholders to develop these local services as a joint decision making exercise.	

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
<p>Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. For example, many of the community incentives were driven by the general manager and GPs at the practice. There were high levels of satisfaction across all staff.</p> <p>Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.</p> <p>There was a strong collaboration, team-working and a common focus on improving the quality and sustainability of care and people's experiences.</p>	

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

Source	Feedback
13 staff questionnaires and discussion with staff	Staff said the practice was an inclusive, supportive, good place to work. Staff said there was good leadership, high morale and team working. We heard appropriate laughter throughout the day and staff said they were happy in the workplace. Staff added that there was support shown by all team members and all staff, including the leadership team who were approachable.

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

<p>Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.</p> <p>We saw many fully embedded governance systems which were managed effectively. For example:</p> <ul style="list-style-type: none"> • Clear lines of accountability and responsibilities. • Recruitment checklists and processes to demonstrate pre- employment checks had been completed. • Policies at the practice had been reviewed and updated. • A formal recorded structure of meetings and minutes maintained of actions, discussions and learning completed. • Administration support and detailed checklists for medicines stocks, expiry dates and emergency equipment. • Infection control audit programme for the site. • Prescription pad security processes. • Monitoring of prescribing patterns. • Proactive programme of quality improvement audit. • Monitoring of mandatory training programmes. <p>The GPs and General manager were aware of areas which required improvement. For example, monitoring and addressing Quality Outcomes and screening rates and had commenced a programme of reviewing and addressing these.</p>

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
When developing the service, the leadership consulted with patients, sought their feedback and assessed the efficiency. For example, following the introduction of the role of the Advanced Nurse Practitioner role the leadership team completed an audit assessing the unnecessary re-presentation rate within a month period for patients who saw an advanced nurse practitioner rather than the duty doctor for an urgent, on	

the day appointment. Of the 310 patients seen 203 patients did not need any follow up, 70 needed follow up by a GP, 29 by the ANP and eight by the practice nurse demonstrating that the role of ANP in assessing and managing acute 'on the day' problems at the practice was achieving its aims of reducing workload effectively.

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 review, 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
<p>There were consistently high levels of constructive engagement with staff and people who use services. For example, the PPG and voluntary groups were included in the inspection process and seen as partners. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.</p> <p>The practice were embedded in the local community and with Health and Social community teams delivering enhanced medical care in the community and the service took a leadership role in the local health system to identify and proactively address challenges and meet the needs of the practice population. For example:</p> <p>The practice had been instrumental in the development of Totnes Caring- a Totnes network of stakeholders who had come together to understand the shared challenges of the local population and to put in place solutions for this. This included input from statutory (Council, CCG, Community, Drug and Alcohol Services) and voluntary groups alike. Leatside acted as a key partner in this network. A number of work streams had subsequently been identified to meet specific challenges that faced the local population. Some of these workstreams focused on direct health needs (low level mental health, mobility, drug abuse) whereas others focused on the causers influencing factors (social isolation, loneliness, homelessness). These included:</p>	

- Setting up a specialist drug and alcohol service from a drug and alcohol advisor in Totnes.
- Providing a homelessness service
- Offering healthcare to displaced asylum seekers if they wished to live in Totnes.
- Providing a parent and teen first aid session for a local school called “Be there for your mates.”

The provider worked with other GP practices and had worked with other practices in South Devon and Torbay to come together to create the Southern Primary Care Collaborative Board. The board represented the interests of GP Practices. Since November 2016 the practice General Manager, had been voted in as the Vice Chair and Practice Manager (PM) lead of the Board. The board had contributed to the implementation and collaboration of the Improved Access scheme, early visiting project and Intermediate Care delivered at a practice, locality and CCG level.

The practice staff had been instrumental in forming and running the to form a ‘Moor to Sea locality.’(a group of GP practices) The general manager was the practice manager lead for this group. The locality group had facilitated the implementation of a social enabling group, had supported research support for the social prescribing project in the town and had engaged and supported educational sessions.

GPs at the practice were active in roles within the local and wider health community. For example:

- One GP was clinical director for the South Devon Integrated Care Organisation (ICO)- we saw three case histories of patients who had received integrated care from GPs at the practice.
- One GP was a representative with the Local Medical Council (LMC)

Practice staff valued the community support services provided for patients and had been involved in supporting these charities. For example:

- Practice staff participated in fundraising for charities offering these services
- Clinical staff worked effectively with a stroke awareness day campaign and had provided a pop in service where patients could see a GP there and then
- Clinical staff had attended charity meetings to communicate about the safety of vaccines and other medical services.

Practice staff attended events held by Caring town Totnes to offer support and signposting for attendees. For example, Caring Town Totnes were hosting a health and wellbeing event for the community with over 30 organisations attending, including practice staff.

Feedback from staff was seen as valuable and staff said they could offer feedback and suggest new ways of working which were often introduced. Examples included:

- Suggestion to identify women who would be eligible for cervical screening so that records could be updated
- Request for additional support which was provided and ensured a task could be completed in the absence of the member of staff.
- Suggestion of a Health Navigators handbook which had been developed by the team.
- Changes to individual work stations
- Changes to the appointment system
- Providing additional support and clinic appointment time.

Feedback from Patient Participation Group.

Feedback

The leadership team valued and had dedicated much time to the patient participation group (PPG) and had developed a core of engaged and active members who acted as a critical friend and helped to guide developments in service delivery. The leadership team met with the PPG on a quarterly basis.

The PPG had been consulted in the design and delivery of the new reception area. PPG members were consulted and they nominated a PPG Member to lead on the design. Because of this involvement the eventual design of the new reception area was significantly different to the original plan created by the practice.

When delivering the new model of care for enhanced care of those in the community, additional meetings of the PPG were held to help inform and influence the role of the practice

The PPG were supported when raising patient concerns about the onsite independent pharmacy. The input from the practice and PPG had resulted in prescribing and dispensing lead times reduced to an agreed time frame of 3 working days, reduction of the number of items owed and staffing levels increased to full strength.

The PPG were in the process of testing the new website based on patient feedback.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
The practice was an education centre and encouraged all staff to develop their skills. For example, supporting staff obtaining further qualifications in business administration, prescribing, business degree and health navigation training.	
Feedback from students attending the practice was positive.	
Monthly 'Leatside learning' sessions were held and quarterly whole practice meetings were held.	
There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. Examples including: <ul style="list-style-type: none"> • Introduction of the same day service and health navigator role • Employment of clinical pharmacist • Employment of the advanced nurse practitioner (ANP) • Proactively taking a leadership role in the local health system to identify and proactively address challenges and meet the needs of the practice population. 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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