

Care Quality Commission

Inspection Evidence Table

Wish Park Surgery (1-2188518541)

Inspection date: 12 March 2019

Date of data download: 12 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	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 to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>Children and adults at risk were identified on the practice computer system using alerts on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. At our last inspection in March 2018 we found that not all alerts had been applied or removed appropriately. The practice demonstrated they had resolved this issue, utilising additional software, and we saw evidence of this. We noted the practice had set up a search for all alerts, which also picked up alerts on patients made by other services, who used the same system. Some of these were historic and therefore required filtering to view practice-only alerts if required. We saw the practice had regular internal safeguarding meetings and discussed cases with other agencies as appropriate. We saw evidence of such discussions being recorded on their clinical system.</p>	
<p>At our last inspection in March 2018, the practice did not provide evidence that all staff had received safeguarding training, appropriate to their role. At this inspection the practice demonstrated they had updated their training system and they provided evidence that all staff were now up to date.</p>	

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
Explanation of any answers and additional evidence:	
<p>At our last inspection in March 2018, the practice did not demonstrate whether staff had received immunisations appropriate for their role. At this inspection we found that the practice maintained staff vaccinations and kept a record of this for clinical staff. However, the practice did not have evidence of non-clinical immunity, as this had been obtained verbally. The practice was fully aware and explained they had received some refusals from staff. The practice told us their new nursing team would be progressing and monitoring this issue.</p>	

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:	Yes 10/01/18
There was a record of equipment calibration. Date of last calibration:	Yes 18/12/18
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:	Yes 09/11/18
There was a log of fire drills. Date of last drill:	Yes 05/1/19
There was a record of fire alarm checks. Date of last check:	Yes 19/11/18
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 20/08/18
Actions from fire risk assessment were identified and completed.	
The practice had taken action to rectify any concerns. This included training two additional fire marshals.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 03/03/19
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 03/03/19

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:	Partial
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<p>The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. At our last inspection in March 2018 we found the systems and processes to manage infection prevention and control (IPC) were not always met. At this inspection, we found the practice had received support and guidance from the clinical commissioning group (CCG). We saw evidence that all staff had received training and further training had been booked for the IPC lead. We saw the IPC policy had been reviewed in February 2019. The practice explained that they had recently recruited two new nurses and part of this role was to complete a new infection control audit. We saw evidence this was in progress. As a result of the audit the practice planned to discuss outcomes at practice meetings to ensure any improvements were monitored and that staff were aware of these changes.</p> <p>We saw evidence of a risk assessment completed for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) in July 2018. The practice demonstrated that mitigating actions had been implemented such as water temperature testing and regular flushing of water outlets to minimise risks. We saw thorough records were being completed.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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>Explanation of any answers and additional evidence:</p> <p>At our last inspection in March 2018 we found that reception staff had not been provided with adequate guidance for symptoms of severe infections, including sepsis.</p> <p>At this inspection we found the practice had ensured staff completed a training module on their online system. One of their GPs had also delivered a training input to staff. They had also strengthened the guidance available for staff. Staff we spoke with confirmed this. Staff told us they had considered the reception area, and they felt visibility could be improved when staff were at the desk, due to a partition that meant patients could not always be seen in the waiting area.</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>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of clinical records for patients, including those with a learning disability or a mental health condition. Although the practice did not always use the available templates for patient care plans, as per best practice guidelines, we saw examples of clinical records that contained information that we would expect to see.</p> <p>We saw evidence of comprehensive care plans for rheumatoid arthritis that were well documented and met best practice guidelines</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)	0.78	0.75	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)	11.2%	9.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.28	5.24	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	0.88	1.74	2.22	Variation (positive)

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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	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.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. At our last inspection in March 2018 we saw that not all PGDs had been signed by a GP and other authorising signatories. At this inspection we found the practice kept a log to monitor PGDs. We saw that PGDs had been completed correctly and in line with legislation.</p> <p>At our last inspection we also found the practice was not able to demonstrate that there were systems in place to routinely record, track and monitor blank prescriptions. At this inspection we found the practice had a new system to ensure all blank prescriptions were tracked throughout the practice. This included removing prescription paper from clinical rooms every evening. These were placed in a folder for each room and a log kept.</p> <p>There was a process for monitoring patients' health in relation to the use of medicines, including high risk medicines. We reviewed a sample of patients prescribed such medicines and saw their health was being monitored appropriately, prior to prescribing.</p>	

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:	11
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in March 2018 we found there was a system and policy for recording and acting on significant events and incidents. However, it was not always clearly recorded when events occurred and what actions had been completed.</p> <p>At this inspection we saw significant events were thoroughly recorded, investigated and acted upon. We saw the practice had reviewed and updated their significant event protocol and we saw this included guidance on what details were expected to be recorded on the practice report form.</p> <p>We found that learning and action points were discussed during practice meetings and then disseminated to all staff. We saw evidence of this in meeting minutes and staff confirmed this during interviews. The practice also reviewed significant events to identify themes and take action to improve safety at the practice.</p> <p>Communications with affected patients demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour.</p>	

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

Event	Specific action taken
Home visit missed	The practice fully investigated and found a communication issue. As a result, the practice reviewed and updated their visit protocol. We saw staff were to telephone the duty GP if it was a late request. We saw minutes of a meeting where the significant event and visit protocol were discussed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in March 2018 we noted that safety alerts which did not require action were not recorded or shared. At this inspection we found the practice had improved their system by ensuring staff had access to alerts within the treatment room. An electronic copy was also held, including for alerts which did not require action.</p>	

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>	1.24	1.29	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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. We saw evidence of this.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice ran clinics for diabetes, chronic obstructive pulmonary disorder, asthma and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice had an administrative team with protected time to book patients for reviews, contact patients regarding their care and to monitor performance.
- 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>	79.1%	78.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.0% (24)	14.9%	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>	73.1%	71.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.3% (27)	12.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.7%	79.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.6% (42)	14.7%	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>	74.4%	72.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (16)	10.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.5%	87.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.0% (12)	14.8%	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)	75.7%	79.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.7% (36)	5.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	71.1%	88.4%	90.0%	Variation (negative)
Exception rate (number of exceptions).	8.4% (7)	11.9%	6.7%	N/A
<p>Additional evidence:</p> <p>The practice was aware of their current performance for patients with atrial fibrillation. They explained they had previously been understaffed and this had resulted in a lack of performance monitoring. However, they had recruited an additional staff member due to start soon after our inspection and expected increases in performance. Whilst on inspection we reviewed three patient records and saw they were receiving appropriate care. The practice used a standard template to record information, although we found that a particular risk score was not always visible.</p>				

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. However, we found these processes could be improved and better coordinated within the practice. Staff we spoke with told us the patients' usual GP would individually follow up such instances. The practice was unable to provide evidence of such information being shared internally and with other services if appropriate.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	94	101	93.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	92	100	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	94	100	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	92	100	92.0%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered “well man and well woman” clinics where patients could access advice and support on lifestyle issues, including diet, alcohol, smoking and weight management.

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)	70.7%	68.2%	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)	71.6%	63.4%	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)	57.1%	53.7%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	47.8%	69.9%	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)	70.0%	54.8%	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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

Findings

- The practice had a lead GP for patients on their dementia register. The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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>	69.9%	86.8%	89.5%	Variation (negative)
Exception rate (number of exceptions).	4.6% (4)	18.0%	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>	67.1%	85.9%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.3% (2)	13.0%	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>	72.8%	78.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.0% (11)	11.0%	6.6%	N/A

Any additional evidence or comments

The practice was aware of their current performance indicators relating to patients experiencing poor mental health. They explained that the lead GP for this area had retired and they had previously been understaffed, which had resulted in a lack of performance monitoring. However, they had allocated a new lead for mental health and had recruited an additional staff member to monitor performance, who was due to start soon after our inspection. The practice fully expected an increase in performance. Whilst on inspection we reviewed two patient records and saw they were receiving appropriate care. We found evidence of comprehensive care plans that had been coded correctly.

Monitoring care and treatment

The practice had a 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)	514.4	528.6	537.5
Overall QOF exception reporting (all domains)	5.2%	6.8%	5.8%

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

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

The practice provided evidence of several audits undertaken, which had resulted in changes to clinical management and medicines for individuals, in line with guidance.

Examples between 2017 and 2019 of audit areas completed; Sodium valproate, Lithium, urgent referrals (two week rule), chest pain, urinary tract infections, diabetes, hyperkalaemia (high potassium).

We looked at an audit that had been completed in May 2018, in response to a complaint regarding timeliness for urgent referrals (two week rule). The guidelines were that each referral should be processed within 24 hours. The practice set a standard that 95% of referrals should be sent within that time frame, accounting for variables such as shift patterns and opening hours. They reviewed 102 of 442 referrals in an 18-month time period. Overall, 97% of referrals had been processed within 24 hours. As a result of the audit, the practice discussed the findings in a meeting and planned to improve their systems to ensure referrals were not affected by staff absence. For example, queries sent to GPs who were not working that day. They also planned to re-audit to ensure continuation of standards.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2018 we found that the practice was not able to demonstrate that all staff, including GPs and administrators, had completed training such as; infection control, safeguarding, basic life support and the Mental Capacity Act 2005. At this inspection the practice demonstrated they had sought assistance from the provider of their online training system to resolve and update their system files. The practice provided evidence that all staff were now up to date and training was being monitored. Staff had been given protected time to complete training either during work hours or offered overtime to complete at home if preferred.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in March 2018 we found the practice had implemented a workflow optimisation system for dealing with incoming post and directing this to the most appropriate staff member. However, this system was not operating effectively. Patients were not always receiving coordinated and person-centred care. This included the processing of medicine changes from other services.</p> <p>At this inspection we found the practice had recruited and trained additional administrative staff and created a new medicines management administrator staff role. We found that the new staff role included providing oversight, review and support to patients on long term medication. We also saw they had set up rolling tasks to ensure monitoring and support for patients on high risk and controlled drugs.</p> <p>We found that staff worked together to ensure all correspondence were processed appropriately and within acceptable timescales. This included that clinicians reviewed decisions and authorised prescribing.</p> <p>Whilst on inspection we checked the correspondence, including medicine changes, and saw these were being actioned appropriately and had all been received on the day of our inspection.</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

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>	95.1%	92.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.6% (22)	1.5%	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

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
Additional evidence: The practice was proactive in offering staff training to ensure they understood and respected the needs of their patients. This included LGBTQ training, and a sexuality course to ensure the service was inclusive. This resulted in changes to their system to ensure patient preferences were recorded.	

CQC comments cards	
Total comments cards received.	1
Number of CQC comments received which were positive about the service.	0
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards and feedback to CQC	Patients commented that practice staff were courteous and caring. Overall, they were happy with the care and support they received. Negatively themed comments related to access to appointments.
NHS Choices	The practice had a rating of 3.5 out of 5. We looked at 10 comments that had been published since our last inspection in March 2018. We saw comments that included praise for the caring, respectful and professional nursing staff and GPs. There were negatively themed comments relating to issues relating to administrative errors and attitude of receptionists. We saw the practice had responded to comments.
Friends and Family Test	We saw that 93% of patients would recommend the practice, based on 14 responses in December 2018.

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
7492	258	94	36.4%	1.25%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.8%	88.9%	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)	86.6%	86.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	91.2%	96.2%	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)	82.4%	86.6%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Comment cards and feedback to CQC	Patients commented that they felt involved in decision making about the care and treatment they received. They also stated they felt supported by staff and that treatment decisions were acted upon.

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)	93.1%	93.7%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 161 patients who were also carers (approximately 2% of the practice population).
How the practice supported carers.	They offered longer appointments for carers and the practice system alerted when a patient was a carer or cared for. The practice had a carers pack available which provided information on support groups and relevant information to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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
The reception desk was away from the waiting area with a partition, which minimised the risk of conversations at the desk being overheard. However, staff told us that during busy periods they felt a queue system could be introduced, along with better signage, to increase confidentiality at the desk. Staff told us that a room could be made available if patients wanted to speak confidentially away from the reception area.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Monday	8:30am – 6:30pm
Tuesday	8:30am – 6:30pm
Wednesday	8:30am – 6:30pm
Thursday	8:30am – 6:30pm
Friday	8:30am – 6:30pm

Any additional evidence or comments
<p>The practice also offered pre-bookable appointments on Monday evenings from 6:30pm to 7:30pm.</p> <p>The practice phone lines opened from 8:15am each day. This was in response to patient feedback regarding waiting times for appointments.</p> <p>As part of a national initiative, GP practices in Brighton and Hove offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at nine designated practices throughout the city.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7492	258	94	36.4%	1.25%

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)	95.3%	94.7%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice nurse visited patients who found it difficult to attend the surgery for their vaccinations.
- The practice premises were fully accessible to patients with limited mobility.
- The practice provided services at local nursing and residential homes for patients who were residents. The practice had a direct telephone line for these services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team 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.
- Longer appointments, text message reminders, telephone consultations and home visits were available when required.

Families, children and young people

Population group rating: Good

Findings

- Appointments were offered outside of school hours one evening a week and one morning, so that children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered contraceptive implants and coil fitting.
- A community midwife provided weekly clinics.
- The practice hosted an on-site GUM (Genitourinary Medicine) clinic where support regarding sexual health and contraception was offered. This was a drop-in service for patients and local residents.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, and additional hours through the Brighton and Hove hub.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients had access to online services including to book appointments and order repeat prescriptions.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice hosted a memory assessment service for patients with suspected dementia.

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

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)	57.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	65.7%	75.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	62.1%	70.3%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.8%	79.5%	74.4%	No statistical variation

Any additional evidence or comments

Patients had access to telephone consultations with a GP, through an independent provider of NHS services. Staff we spoke with were extremely positive about this service and told us it was an additional option for patients. The practice told us this service provided efficiencies and assistance with patient triage. They were able to offer the service until the end of March 2019.

Source	Feedback
Comment cards and feedback to CQC	Patients commented that they received a prompt service and were not rushed in appointments. Patients told us they experienced some difficulty getting an appointment. However, they were usually able to get a time and date that suited them.

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.	9
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: At our last inspection in March 2018 we found the practice told us that verbal complaints were recorded, but they were unable to provide evidence of this. We saw evidence that complaints were fully investigated, with transparency and openness. The practice learned lessons from individual concerns and complaints and also from analysis of trends. This included verbal complaints. It acted as a result to improve the quality of care. The practice discussed complaints within staff meetings and cascaded learning points to all staff through sub-team meetings. Staff we spoke with confirmed this.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Missed diagnosis	The practice conducted a full review and found correct clinical decisions. We saw records that included the GP reflecting on the consultation. We saw that a timely, comprehensive and sensitive response was sent back to the complainant by the GP. We saw a positive reply was sent back to the practice.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The practice had experienced a number of staff changes including that their senior partner retired in July 2018, a second partner retired in November 2018 and two practice nurses left in October and November in 2018. They explained the challenges this had presented. In response, they had recruited two new practice nurses and in addition a new Advanced Nurse Practitioner. The senior partner was continuing as a salaried GP for an additional year to support the practice during the transition. The practice had also sought and were receiving support from the clinical commissioning group (CCG), including training for their nurses. They had recognised their shortfall in their recorded performance and had arranged for financial support through the CCG. The practice was also exploring other solutions to address challenges and meet increasing patient demands.	

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

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

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

Source	Feedback
Staff interviews	<p>At our last inspection in March 2018 we found that staff felt the workload was high due to a shortfall in staff. They also told us they were not always told the outcome of issues they had raised.</p> <p>At this inspection staff told us that all GPs and management staff were approachable. They were encouraged to put forward ideas for improvement and told us they received information through meetings. They were happy with the level of communication at the practice and said it was an open and friendly culture. Staff told us it was a strong team and everyone was supportive. They told us it had improved with the addition of new staff and there were new opportunities for development.</p>
Staff interviews	<p>The practice and staff told us about initiatives they had brought in to boost morale and increase home/work life balance. For example, the practice paid for a car park for employees due to parking difficulties. They also had an "employee of the month" where staff were given an extra half-day leave, a voucher, and a certificate. The person was chosen by vote of all staff.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: At our last inspection in March 2018 we found that not all staff were clear on their roles and accountabilities. We also found that not all policies were dated or contained up to date information. At this inspection we found that the practice had reviewed their policies. They had updated roles and responsibilities at the practice, also due to the staff changes. We saw minutes of staff meetings where staff had talked about their roles and areas of responsibilities. We also saw a list of GP lead roles and role descriptions had been made available. For example, they created a list of the type of patient problem that could be booked for the Advanced Nurse Practitioner.	

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

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
<p>There was an active patient participation group (PPG), with 42 members, which had been running for approximately nine years. We heard from a member of the PPG who told us they met regularly and had just set up a new social media group to inform about local health initiatives.</p> <p>The PPG had a number of ongoing initiatives. We saw and were told about temporary displays of art within the practice, intended to have a positive impact on the wellbeing of staff and patients. The art work was periodically changed, and we saw they had increased due to the success of displays.</p> <p>They had also successfully been allocated funds to support several art therapy sessions in response to the need of the patient group. We saw these were being held every Wednesday evening at the surgery and run by a well-known art gallery and centre for contemporary art within Brighton.</p> <p>The PPG told us the practice cooperated with them and had been responsive to concerns, suggestions or queries raised. They were proactively considering new initiatives and ideas to improve, for example they hoped to start a Wish Park Surgery newsletter and increase patient awareness of local care provision through open meetings and social media.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>Prior to our inspection we received information of concern regarding the systems and processes at the practice, including infection control, governance, and handling of complaints. We followed up on these concerns with the practice who had been made aware of the concerns prior to our visit. We found that many of these concerns aligned with the issues identified at our last inspection. At this inspection we found the practice had rectified all of the breaches of regulation identified. They told us they took any such information seriously and would continue their focus to learn and improve within the practice.</p>	

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.