Care Quality Commission

Inspection Evidence Table

Oldfield Surgery (1-569083319)

Inspection date: 1 & 2 May 2019

Date of data download: 25 April 2019

Please note: All data indicators relating to the Quality and Outcomes Framework relate to the previous provider and is published here to provide context. This data has not been used to form a judgment and rating for the key questions. We have used unverified data from the new provider to form our judgements.

Overall rating: Requires Improvement

Safe Rating: Requires Improvement

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
Explanation of any answers and additional evidence: • The child safeguarding lead facilitated regular meetings to highlight areas staff needed to be aware of, for example, county lines and the use of children as drug couriers. • Monthly searches were run to ensure children were correctly coded and these were used as the basis for discussions with health visitors • The child safeguarding lead for the practice, was also the clinical commissioning group lead for all the practices in the area. • Patient plans were also used to record “soft” concerns that may be relevant to the consulting clinician. • All nurses were either trained to level three child safeguarding or working towards it.	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: March 2019	Y
There was a record of equipment calibration. Date of last calibration: May 2018 – December 2018 across all five sites	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: February 2019	Y
There was a log of fire drills. Date of last drill: April 2019 at all sites	Y
There was a record of fire alarm checks. Date of last check:	Partial
There was a record of fire training for staff. Date of last training: Various dates, as staff completed their mandatory training.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: See below	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: • We saw that fire equipment was checked annually. However, there was a lack of records for all sites to evidence that fire alarms had been regularly tested, in line with the practices, standard operating procedures. We were told that these had been carried out and that the provider was currently reorganising their procedures of recording these. • Fire risk assessments: St James Surgery 1/3/19; Oldfield 16/7/2018; Junction Road 20/03/2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Y
Explanation of any answers and additional evidence: • Legionella risks assessments had been carried out at all three sites. However hot water temperature testing logs were not available from the Oldfield site. • The boiler at the Oldfield site had been replaced following the fixed five-year electric testing which	

had identified a problem.

- Staff undertook health and safety training every three years.

Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 28/2/19	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice had introduced a workbook and guidance for preventing infection in General Practice. This included guidance on how to manage infection control for patients with high risk infections. All members of staff were expected to complete the work book. Test your knowledge sections would be reviewed by the infection control leads and further training given where necessary.	

Risks to patients

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

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.76	0.80	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	9.0%	10.1%	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	5.45	5.42	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.34	2.05	2.13	No statistical variation

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

Medicines management	Y/N/Partial
medicines/medical gases.	
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: We looked at the patients on a specific high-risk medicine. Of these 146, it showed that 29 patients were overdue for monitoring. We looked at six of these patient records and for these patients, there was no risk to patient safety. For example, one patient had already been requested to attend an appointment as it had been identified that monitoring was due. Another had been monitored by the hospital, but results had not been uploaded to the patient record. We were told that following the merger, processes were being put into place to improve the practice's ability to monitor this more effectively, but these were not in place for all high-risk medicines. The systems in place at the time of the inspection, did not support good governance which meant that patients could be at potential risk.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: We saw that incidents were reported by all staff groups. There was a system for logging incidents. Significant incidents were dealt with quickly, changes made and learning shared	

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

Event	Specific action taken
Delay in issuing of a death certificate due to processes across all sites not being standardised since merger.	Recognised that confusion arose for staff working across multiple sites. Standard operating procedures were amended to ensure consistency.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Systems were in place to disseminate alerts to relevant staff. Alerts that were looked at on the inspection showed that all appropriate actions had been taken. This meant that there was no clear oversight by the management team, that these actions had been completed. However, following the inspection, we were sent information that demonstrated that the responsible person and manager received a weekly email alerting them if actions had not been completed.	

Effective Rating: Good

Oldfield Surgery merged with St James Surgery in April 2018 and No.18 Surgery in October 2018. Oldfield Surgery became the host practice to the other practices, therefore retained their Organisation Data Service (ODS) code with NHS England. (ODS code is the unique identifying code used by the NHS for various purposes). Published data in relation to the Quality Outcomes Framework (QOF) refers solely to Oldfield Surgery before the provider changed the organisation's name to Heart of Bath following the merge of all the practices.

All data indicators relating to the Quality and Outcomes Framework in this domain relate to the previous provider and is published here to provide context. This data has not been used to form a judgment and rating for this key question. We have used unverified data from the new provider to form our judgements.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: As well as internal training sessions and discussions at clinical team meetings, the practice used a system called Team Net to disseminate changes in evidence-based practice to staff. We looked at 14 patient records on the day of the inspection and saw that there was appropriate assessment of care and documentation.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	1.09	0.82	0.79	No statistical variation

Older people — Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was responsible for delivering care to five nursing homes and had ensured all patients within the homes had received a medicine review with the pharmacist.
- A same day triage system and an early home visiting service was in place for older people at risk of admission.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions — Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had recognised the challenges they had faced following the merger. These had included the merger of three clinical systems for recall purposes. The practice was confident that the processes put in place over the last 12 months would improve recall of patients for long term conditions reviews.

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	98.2%	83.7%	78.8%	Significant Variation

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				(positive)
Exception rate (number of exceptions).	36.3% (157)	16.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	98.6%	82.2%	77.7%	Significant Variation (positive)
Exception rate (number of exceptions).	36.1% (156)	13.8%	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) (QOF)	79.1%	84.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.0% (82)	17.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	71.2%	77.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	20.5% (165)	8.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.5%	92.9%	89.7%	Variation (positive)
Exception rate (number of exceptions).	11.2% (17)	12.4%	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)	82.3%	82.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.7% (64)	4.7%	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)	89.2%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (14)	6.5%	6.7%	N/A

Any additional evidence or comments

The published data related to the previous provider. We raised the issue of high exception reporting for several clinical domains on the day of the inspection:

- Unverified data for the merged practices for 2018 to 2019 demonstrated that the exception reporting figures had reduced. For example, 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 was 12% and blood pressure readings within target were 13%. The numbers of patients diagnosed with asthma who had attended for review exception reporting had reduced to 13%.
- A sample of medical records were looked at on the inspection to ensure patients who had been excepted had received appropriate clinical care. It was found that whilst patients had received appropriate clinical care in line with evidence-based guidelines the practices systems for exception reporting were inconsistent and ineffective. For example, some patients who had been excepted had attended for review, some had been reviewed in secondary care after the exception reporting code had been applied to their record and for some there was no clear rationale as to why patient had been excepted. This was raised with the practice who acknowledged that systems and processes need to be evaluated and improved.

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets for three of the four areas reported on.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in

accordance with best practice guidance.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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) (NHS England)	102	115	88.7%	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)	104	111	93.7%	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) (NHS England)	102	111	91.9%	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) (NHS England)	101	111	91.0%	Met 90% minimum (no variation)

Any additional evidence or comments

- The parents of children who had not attended for immunisation were contacted by a member of the administrative team inviting them to make an appointment. If they remained a non-responder, the patient was asked to make an appointment with their GP to discuss further. The published data related to the previous provider and data for the merged practices was unavailable. However, we saw that there was no process to place an alert onto the medical record, to prompt clinicians to discuss or immunise opportunistically to drive improvement.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG average	England average	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)	69.6%	75.4%	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)	66.7%	71.6%	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)	55.2%	60.0%	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)	55.8%	62.9%	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)	39.0%	54.0%	51.9%	No statistical variation

Any additional evidence or comments

The practices uptake for women eligible for cervical cancer screening was below the 80% Public health England target. The published data related to the previous provider and data for the merged practices was unavailable. We were not told of any specific actions that were in place to drive improvement in the uptake of screening by women.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including 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. The practice was a shared care drug misuse provider working with Specialist Drugs and Alcohol Service with a dedicated worker. A GP and nurse at the practice had the expertise to ensure continuity of care for patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice hosted Talking Therapies on site.
- 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.
- All staff had received dementia training in the last 12 months and the practice was working towards becoming a dementia friendly practice.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.6%	93.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.7% (28)	13.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.8%	92.4%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	22.0% (24)	12.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	85.5%	83.0%	Variation (positive)
Exception rate (number of exceptions).	8.5% (9)	6.5%	6.6%	N/A

Any additional evidence or comments
The published data related to the previous provider. Unverified data for the merged practices for 2018 to 2019 demonstrated that the exception reporting figures had reduced. For example, 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 had reduced from 26% to 10%.

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)	552.1	551.2	537.5
Overall QOF exception reporting (all domains)	8.9%	6.5%	5.8%

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

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

- Due to the recent merging of practices no two cycle audits had been completed. However, there was evidence of quality improvement work being undertaken. For example;
- An audit of patients who had been prescribed repeat inhalers but did not have a diagnosis of a respiratory condition. Once identified, patients were invited for a review to ascertain a correct diagnosis and ensure they were being followed up appropriately for their condition. Proposed changes following this were, inhalers would only be repeat prescribed if a patient had attended for a review and an improved process to ensure correct coding of patients.
- An audit of patients having undergone minor surgery to determine post-operative infection rates. The most recent audit demonstrated no patients had experienced post-operative infections.
- There was an action plan and log with completion timescales, in place which identified areas that needed addressing following the merger. For example, changes to results processes.

Any additional evidence or comments
The practice had a dedicated clinical research team who had achieved success in recruiting patients into primary care research programmes in collaboration with the National Institute for Health Research and the Clinical Research Network for commercial study involvement. An example of benefit to patients was seen within a study (PRIMUS) to achieve earlier diagnosis for men with urinary problems. A diagnosis and suggested care plan for men within this study could be achieved within two weeks compared to potentially a nine month wait via secondary care. Positive feedback had been received from the 18 patients taking part in this trial.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.0%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (19)	1.2%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring Rating: Good

All data indicators relating to the Quality and Outcomes Framework relate to the previous provider and is published here to provide context. This data has not been used to form a judgment and rating for the key questions. We have used unverified data from the new provider to form our judgements.

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	29
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	Comments included, compliments for staff and their professionalism and caring attitudes. The negative comment related to the difficulty in getting through to the practice by telephone.
NHS choices	Comments included that since the merger the process of getting an appointment had been difficult.

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
27115	250	105	42%	0.39%

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)	88.4%	93.6%	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)	83.8%	91.9%	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)	98.1%	98.1%	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%	90.8%	83.8%	No statistical variation

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

Any additional evidence
Following feedback, the practice had made several changes. For example, adding software to the telephone system which told patients what number in the queue they were at.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with six patients on the day of the inspection who were all complimentary regarding the care they received. Comments included that they were given enough time during appointments and that the GPs and nurses were very good at explaining things to them.

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)	91.6%	97.0%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	256 identified as carers which was 1% of the registered patients
How the practice supported carers.	The practice held monthly carer group drop in sessions.
How the practice supported recently bereaved patients.	Relatives of the bereaved were contacted, a card sent, and support offered. Information to support patients was available on the practice website.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive Rating: Good

All data indicators relating to the Quality and Outcomes Framework relate to the previous provider and is published here to provide context. This data has not been used to form a judgment and rating for the key questions. We have used unverified data from the new provider to form our judgements.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

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

Practice Opening Times	
Day	**Time**
Opening times:	
Oldfield Surgery	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
Saturday	8.30 – 11.30 (For routine appointments only)
Appointments available:	
Monday	8.10 –5.50pm
Tuesday	7.30 –5.50pm
Wednesday	8.10 – 5.50pm
Thursday	7.30 - 5.50pm
Friday	8.10 - 5.50pm
Urgent on the day appointments were available Monday to Friday	8.30 – 11.30am and 2pm – 5.50pm
St James Surgery	

Monday	08:00 – 19:10
Tuesday - Friday	08:00 – 18:30
Urgent Surgery, Monday to Friday	08:30 – 11:00 and 14:30 – 17:30
Saturday	09.00- 12:00 (routine appointments only)
Junction Road Surgery	Opening hours
Monday to Friday	08:00- 18:00 Closed 12:00- 14:00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
27115	250	105	42%	0.39%

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)	96.0%	97.1%	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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Weekly meetings with the community matron took place to discuss frail patients so that health professionals could be responsive to their needs as they arose.

People with long-term conditions — Population group rating: Good

Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. Fortnightly meetings with the palliative care team were held at the practice.
- Systems were in place to ensure patients with complex long-term conditions were always seen, where possible, by the patient's usual doctor to ensure continuity of care.

- Recall systems were in the process of being reorganised as the practice had recognised that since the merger, the recall system in place was not meeting the needs of patients or practice staff.

Families, children and young people — Population group rating: Good

Findings

- Nurse appointments were available outside of school times for children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- On the practice website there was a section dedicated to teenagers and young adults.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had early morning appointments available twice weekly and Saturday morning appointments weekly.
- The practice participated in and hosted the local improved access scheme. This meant that pre-bookable appointments, outside of working hours were also available to all patients at additional locations within the area. These appointments were available Monday to Friday 6-9pm and 8 – 12noon Saturdays and Sundays.
- A family planning service was available outside of working hours to support working women.
- Pre-bookable telephone consultation appointments were available.

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. There was an alert on the medical records of those patients with a learning disability to offer a double appointment. All patients with a learning disability were offered an annual health review.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Staff at the practice had undertaken domestic violence training.
- The practice hosted a refugee support service for individuals who would benefit.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice offered consultation space to mental health services for hard to engage patients. It also hosted Talking Therapies meaning that patients could access help in a familiar setting.
- The practice was proactive in supporting those experiencing poor mental health to explore holistic ways of improving mental health, in the monthly "Walk away from Medicines" initiative. GPs and other staff joined patients on a 30minute walk to encourage patients to make regular walking part of their routine. The practice reported that this had had a positive impact on the mental health of some patients, had strengthened links with their community and enhanced patient relationships.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	92.4%	N/A	70.3%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
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)	79.7%	82.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	61.6%	74.4%	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)	83.4%	84.3%	74.4%	No statistical variation

Any additional evidence or comments

The published data related to the previous provider. The practice had recognised that since the merger there were problems with patients accessing the practice via telephone and the ability to get a routine appointment within a timely manner. To address this the practice had taken several actions. For example, the practice:

- Developed an urgent care centre, staffed by GPs and Advanced Nurse Practitioners. This has meant that all patients needing same day urgent care received this within a timely manner. All patients could choose either a face to face appointment or a telephone consultation, according to their preference.
- Improved the phone system in line with patient feedback to reduce the number of options and inform callers of where they are in the queue.
- Plans were in place to change staff rotas to ensure more staff were available to answer the phones at peak times.
- A letter was available to all patients and posted on the practice website apologising and acknowledging the problems and challenges experienced by patients since the merger regarding appointment availability and phone access. The letter detailed actions that were being taken to improve the situation.

Source	Feedback
For example, NHS Choices	There were a number of comments received since the merger that were negative about the service which included that the process of getting a routine appointment had been difficult.

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.	38
Number of complaints we examined.	9
Number of complaints we examined that were satisfactorily handled in a timely way.	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We saw that an annual analysis of complaints had been carried out. This identified outcomes and actions taken to minimise further complaints.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff attitude	Additional training to improve customer service skills.
Appointment availability	Recruitment of additional clinical staff.

Well-led Rating: Requires Improvement

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

During the merger in October 2018 an additional 6000 patients (29% of the total patient list) registered with the provider. Due to unforeseen circumstances, outside of the control of the current provider, staff employed by the old provider were unable to join the practice which would have supported the provider during the transition period. The leaders had recognised that recruitment of additional clinical staff was necessary to ensure sustained delivery of a safe and high quality service. A further two GPs were recruited to cover four sessions a week, a pharmacist and a phlebotomist had been appointed. They were also advertising for two additional GPs to cover eight sessions per week at the time of inspection.

Two GPs were undertaking extended leadership training.

Work was ongoing regarding the evolving organisation structure following the merger.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial

Explanation of any answers and additional evidence:

The partners recognised that staff changes had been unsettling for the team and that communication from the management could have been improved earlier. However, we saw that whole practice meetings were now taking place on a regular basis where developing the strategy was a collaborative process. St

Merging three clinical systems to support recalls and routine searches had been a challenge. We saw that processes had been implemented to support this but at the time of the inspection it was too early to

see evidence that these had been fully embedded, and improvements seen.

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: The practice funded an employee and family's assistance programme which supported staff wellbeing. Staff told us that there was an open-door policy and felt able to be open and honest about issues. Support from the clinical commission group was sought to provide workshops from an external facilitator for all staff groups	

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

Source	Feedback
Staff	Staff reported that it had been an extremely challenging period since the merger and that communications from the management team were not always effective. However, most staff told us that they felt that the practice was now turning a corner and acknowledged recent improvements. Staff also told us that they felt able to raise concerns and make suggestions, but these suggestions were not always responded to or told of the reasons why these would not be implemented.

Governance arrangements

The overall governance arrangements were not always effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

- New systems and processes had been implemented following the merger. However, these were not always operating effectively. For example, the practice had introduced a system, called GP TeamNet, to monitor governance arrangements two months prior to the inspection, but this had not had time for its effectiveness in improving governance arrangements to be evaluated. At the time of the inspection the system failed to provide the documentation for complete governance oversight, evidence of outcomes and that learning had been disseminated and actioned. For example, relating tocomplaints and safety alerts.
- Staff told us that there had been so many changes since the merger and these happened so quickly that it was sometimes difficult to be clear about current processes. For example, which clinics to book patients into, recall systems and telephone systems.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

- Systems to ensure all incidents were discussed and learning disseminated were not consistent. Significant incidents were dealt with quickly, however some minor incidents had not been discussed.
- Following the merger, processes were being put into place to improve the practices ability to monitor high risk medicines more effectively, but these were not in place for all high-risk medicines at the time of the inspection.
- There was not always documented evidence to demonstrate that all health and safety checks had been completed. For example, there was a lack of records for all sites to evidence that fire alarms had been regularly checked and that water temperatures had been monitored at one of the sites. We were told that that the provider was currently reorganising their procedures.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

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

Explanation of any answers and additional evidence:

- Systems and processes for monitoring exception reporting were not always operating effectively.
- Systems were in place to disseminate medicine and device alerts to relevant staff, but there was no clear oversight that actions had been completed. however, following the inspection, we were sent information that the responsible person and manager received a weekly email alerting them if actions had not been completed.

Engagement with patients, the public, staff and external partners

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

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

Explanation of any answers and additional evidence:

- Patients had told the practice that they would like the system for obtaining repeat prescriptions to be improved. To address this the practice implemented a Prescription on Demand service where a prescription team took requests over the phone five days a week.
- The practice had recognised that reorganisation following merger was challenging and had appointed and external company to assist them with human resources systems.
- The practice had been open and transparent with the local clinical commissioning group (CCG) regarding its challenges following the merger and had proactively engaged with monthly facilitated organisational development sessions offered by the CCG for partners and staff groups.
- Partners within the practice held key roles with external stakeholder groups. For example, one partner was the CCG chair and one partner led on safeguarding for the local area.
- Feedback from care homes the practice looked after was very positive regarding the working relationship between the practice and themselves.

Feedback from Patient Participation Group.

Feedback

We met with three members of the practice patient participation group (PPG) who told us that they had been impressed with the levels of communication from the practice regarding the merger. The PPG had raised concerns regarding the lack of routine appointments and the practice asked the group what they felt patients wanted. The group felt that the situation was slowly improving.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The provider was a training practice for medical students and GP trainees. Participating in research programmes ensured that patients benefitted from improvements in care that were evidence based.	

Examples of continuous learning and improvement
• Introduction of the urgent care centre to ensure those patients with an urgent need are seen within appropriate timescales. The centre was staffed by GPs from the practice on a rota system, a dedicated advanced nurse practitioner and an advanced paramedic. This also meant that GPs doing routine surgeries were able to focus on those patients requiring ongoing continuity of care. • The practice had piloted and contributed to the development of a safeguarding quality assurance framework to be undertaken by all practices going forward. • The practice had collaborated with the multidisciplinary team to deliver a model of care that would engage various service providers in the care provided to care and nursing home residents. Two weekly multidisciplinary team meetings were held and comprehensive care plans for each patient in each the care homes were developed. Results demonstrated that during the three-month period of the pilot, twelve referrals had been directly avoided due to this model of care. Actions for further improvement were identified.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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