

Care Quality Commission

Inspection Evidence Table

Arden Medical Centre (1-554438324)

Inspection date: 26 March 2019

Date of data download: 06 February 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:	
<ul style="list-style-type: none"> • All safeguarding matters were discussed at the weekly partners' meeting which was minuted. Concerns were cascaded to relevant staff and any notes added to the patient's record. • All staff had up to date DBS checks in place. • Admin staff rarely undertook chaperone duties, but those who did had completed the appropriate level of training both face to face and online. Staff we spoke with understood the responsibilities of the role. • Quarterly meetings were held with community services staff including district nurses and health visitors. In addition, ad hoc email and telephone contact was made if required. 	

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:	
All staff immunisation status was in date and monitored by the practice manager.	
The practice had a group policy for indemnity insurance for staff.	

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: Feb 2019	Yes
There was a record of equipment calibration. Date of last calibration: Nov 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2018	Yes
There was a log of fire drills. Date of last drill: Dec 2018	Yes
There was a record of fire alarm checks.	Yes

Date of last check: weekly alternate sites	
There was a record of fire training for staff. Date of last training: ongoing annually checked in appraisals	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: Jan 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The fire risk assessment highlighted the keypad into the staffroom had been fitted incorrectly, therefore staff would not have been able to evacuate. This had been rectified. Also, furniture had been rearranged to allow better evacuation access. • Blinds had been removed from internal fire doors and had been replaced with a non-reflective material to prevent glare. • Full evacuation drill had been completed with no concerns raised. • Fire marshals had been identified, these were the senior receptionists although all staff were trained in the role. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Feb 2019	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • As part of the health and safety risk assessments carried out a leak in the roof over one of the computers was discovered. This was reported to the building company to arrange the repair and the computer was covered to prevent damage in the interim. • A disability access audit had been undertaken which covered access to building and internal access. As a result, furniture had been moved to allow better access and exit. 	

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: March 2019	Yes

The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> All COSHH data sheets were in order and the last risk assessment was completed in January 2019. A Legionella risk assessment was completed in November 2018 and the water temperature checks were carried out monthly by an external company, records of checks were seen. As a result of the infection control audit carried out in March 2019 a number of issues were identified for example, sharps bins in the utility room were stored on the floor and once identified a shelf was installed and clinical equipment was moved from the storeroom to the treatment room. 	

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>The staff rota was managed by the Practice Manager</p> <p>Sepsis training had been completed by all staff and in addition reception staff had been briefed by a GP and there was an information sheet in the reception area.</p> <p>Staff induction checklists were completed with dates of tasks completed. Identification and all reference information was included in personnel files.</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
Explanation of any answers and additional evidence: All test results were reviewed and followed up in a timely manner by the requesting GP or by the 'buddy' to ensure prompt action.	

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)	0.72	0.91	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)	6.1%	7.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets	4.23	5.18	5.64	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	1.30	1.97	2.22	No statistical variation

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

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.	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>We checked four high risk medicines and found that patients were appropriately monitored. One GP had responsibility for checking all patients prescribed high risk medicines to ensure safe prescribing.</p> <p>The practice had discussed four emergency drugs which they had decided not to stock routinely and had completed risk assessments to determine the need for these to be available. We saw evidence that these risk assessments were appropriate and review dates were in place.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong and had a system to learn and make 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:	8
Number of events that required action:	6
<p>Explanation of any answers and additional evidence:</p> <p>All staff had access to an online form. There was an incident book that was completed if staff were unsure as to whether the incident was a significant event. The practice manager reviewed this. Verbal complaints were recorded.</p>	

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

Event	Specific action taken
Delay in completing contemporaneous notes following death of a patient after home visit.	Records updated and recorded on the clinical system. The incident was discussed at the next practice meeting, procedures were reviewed and amended.
Incorrect patient address recorded.	Information checked, recorded and amended. Reception staff had refresher training on the system to ensure correct data

entry in future.

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
Explanation of any answers and additional evidence: Alerts were received by the practice manager and cascaded to all members of the clinical team and were discussed at partners' meetings. We followed through three alerts and found they had been actioned appropriately and patients had been advised where necessary.	

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
Explanation of any answers and additional evidence: The practice had identified specific partners with responsibilities for long term conditions and additional areas for example prescribing, on line access, smoking and maternity. Templates had been developed for a range of consultations and conditions to ensure accurate and complete documentation, for example, palliative care reviews and minor surgery procedures.	

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>	0.68	0.81	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.
- 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.
- GPs booked referral appointment whilst the patient was in the consultation to avoid issues and access to telephone/internet at home.
- Staff were supportive of patients who were unable to get to the surgery for example, those who were housebound or in care homes. GPs offered home visits for flu vaccines, consultations and prescription requests over the phone.

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.
- Virtual diabetic multidisciplinary team meetings were held and were attended by a diabetic consultant, a pharmacist, the practice's diabetic lead GP and diabetic nurse to ensure optimised management for more complicated diabetic patients. This gave the practice a quick response to queries and enabled improved patient access to appropriate treatment.
- 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.
- Annual reviews for patients in this group were booked by scheduled tasks on the computer being sent to reception staff to book appointments.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.9%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.3% (15)	12.4%	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	79.7%	77.0%	77.7%	No statistical variation

months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.1% (13)	10.4%	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>	85.6%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.7% (22)	11.6%	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>	88.6%	76.7%	76.0%	Variation (positive)
Exception rate (number of exceptions).	2.2% (5)	6.2%	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) <small>(QOF)</small>	100.0%	91.4%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	12.5% (5)	11.2%	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)	90.9%	83.0%	82.6%	Variation (positive)
Exception rate (number of exceptions).	3.4% (19)	4.5%	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)	100.0%	88.6%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	16.9% (10)	8.1%	6.7%	N/A

Any additional evidence or comments

The practice were able to demonstrate that they had considered patients appropriately for exceptions.

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 immunisations and would liaise with health visitors when necessary.
- The practice was flexible in offering appointments to fit in with individual patients needs for example fitting in emergencies throughout the day if required and appointments before or after school.
- Young people could access services for sexual health and contraception, including patients from a neighbouring practice.

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	33	35	94.3%	Met 90% minimum (no variation)

type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	37	39	94.9%	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)	39	39	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	39	39	100.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

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.
- The practice used text messaging to inform patients when paperwork was ready to collect, highlight awareness of health promotions, vaccinations, smoking cessation support and access to local self-referral services.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered online appointments for patients to book directly a week in advance, access to blood results and repeat prescription requests.

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)	80.4%	68.1%	71.7%	No statistical variation

to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.9%	63.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.1%	44.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	69.0%	74.2%	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)	90.5%	52.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice had much higher than average results for most cancer indicators, including the national target for cervical cancer screening. These results had been consistent from 2014.

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 might make them vulnerable.
- The practice had access to the out of hours service computer system which enabled them to highlight particularly vulnerable patients to their services to ensure appropriate, coordinated care.
- There was a policy for following up any vulnerable patients who missed appointments and longer appointments were available if required.
- 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 high number of patients with learning disabilities on the register of which a number lived in local supported living accommodation. The practice demonstrated a good relationship with the wardens and carers.
- 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 reviewed young patients at local residential homes.

**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 signposting to relevant support agencies.
- There was a system for following up patients who failed to attend for administration of long-term medicines. The practice proactively contacted patients with a mental health illness who missed their appointments to monitor their wellbeing and then attempt to rearrange an appointment where required
- 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. Clinicians used a dementia screening tool and a specific template. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had completed Dementia Friends training.

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>	100.0%	93.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	7.1% (1)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.1% (1)	7.8%	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>	90.5%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (3)	6.0%	6.6%	N/A

Any additional evidence or comments

As reported following the previous inspection the practice maintained consistently high results for several population groups year on year.

The higher exception reporting for reviewing care plans was checked and the three patients identified had been appropriately excepted.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.5	545.3	537.5
Overall QOF exception reporting (all domains)	3.5%	6.1%	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

<p>The practice had completed nine quality improvement audits since November 2017.</p> <ul style="list-style-type: none"> The practice carried out an audit in October 2018 of prescribing to patients with asthma and encouraging self-management for patients in this group. Initially 40 patients were reviewed and as a result the practice amended the current template to include a link to the Asthma UK management plans to increase compliance to national guidelines. The second cycle, completed in March 2019, reviewed the same 40 patients and found a significant improvement in the use of asthma plans in direct relation to the updated template. An audit review of patients prescribed a blood thinning medicine was carried out to ensure safe and effective prescribing in line with national guidance. Initially 21 patients were reviewed, and the action was to develop a new template and to ensure all GPs understood the importance of regular reviews and case note records. A repeat audit showed that of the 23 patients reviewed 21 met the standards and for the remaining two patients there were specific reasons which were monitored. The practice carried out a continual audit of patient deaths to ensure that national standards were adhered to, for example patients' preferred place of death and recorded comments for future learning and discussion at practice meetings.

Any additional evidence or comments

The practice had Research Ready accreditation with the Royal College of General Practitioners (RCGP) and was part of the West Midlands Clinical Research Network (CRN). In addition, the practice was a member of the Research Site Initiative Scheme (developed by the CRN in collaboration with the RCGP to provide funding for research studies in GP practices).

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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
A comprehensive induction process was in place and signed off appropriately and in realistic timescales. All training was up to date for both face to face and online training.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Electronic referrals were completed at time of appointment.	
A log of two-week wait appointments was kept by the secretary who kept an open task until the appointment had been made and the patient seen by the consultant. If the patient failed to attend the appointment the practice received an email which would be passed to the appropriate clinician.	

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
The practice actively used social prescribing for example, martial arts classes were available and patients who attended had demonstrated self-perceived benefits to their mental health and wellbeing.	

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>	96.4%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (5)	0.6%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
The practice had developed and used a wide range of comprehensive consent forms for different procedures.	

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
Explanation of any answers and additional evidence:	

CQC comments cards

Total comments cards receive	41
Number of CQC comments received which were positive about the service.	41
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	All comments received were positive for example, <ul style="list-style-type: none"> • It is always easy to get an appointment • All staff are helpful, and several staff were named as being particularly proactive in helping patients • Clinicians provided really good care and understanding

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
4713	228	116	50.9%	2.46%

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)	97.4%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	97.1%	85.9%	87.4%	Variation (positive)
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)	97.6%	95.4%	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)	93.7%	81.0%	83.8%	No statistical variation

Any additional evidence or comments

The practice had continued to achieve higher than average national GP patient survey results for patients' experience of appointments and their treatment.

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

Any additional evidence
The patient participation group (PPG) assisted the management team in developing the patient survey which consisted of 10 questions which included ease of getting an appointment, acceptable waiting times and time with clinician and overall experience. The PPG carried out the survey on Flu Saturday in October 2018 and the results were discussed at the PPG meeting in March 2019. Of the 126 responses between 87% and 97% of patients said they agreed or strongly agreed with the questions asked. The practice then discussed the additional comments and put together an action plan to address all outstanding issues, for example access to on line appointments and test results. Some patients had commented it was sometimes difficult to get through on the telephone. There had been some staff shortages at the end of 2018 and the practice had recruited an additional member of staff to address this.

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
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	Patients all reported a positive experience with all clinicians. This included the ease of access to appointments and continuity of care with the preferred GP.
Friends and Family Test Results	For the period from August 2018 to February 2019 100% of patients said that they were likely or extremely likely to recommend the practice.

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	97.3%	92.8%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had a large board in the waiting area specifically for carers with a wide range of information and support group contact details.	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 80 patients who were carers which is approximately 1.6% of the practice population. This was a slight increase from the previous inspection in 2016 and the practice continued to engage with organisations to find ways to identify more carers.
How the practice supported carers.	The practice arranged for the Carers' Trust to attend the Saturday Flu clinic and there were carers' packs behind reception for staff to hand out for any patient they felt required them. A new section of the check in screen had been added for patients to identify if they were a carer.
How the practice supported recently bereaved patients.	The practice had a comprehensive system for recording the death of a patient, this included a checklist to ensure that all future appointments had been cancelled to save any distress to the family. All GPs were informed, the death was discussed at practice meetings and the family would be contacted by their usual GP.

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 practice had a quiet corner in the waiting area to help patients who might be anxious or agitated. This had been well received by patients.	

Responsive

Rating: Outstanding

We rated the practice as outstanding overall for providing responsive services and outstanding for the population groups of families, children and young people and people experiencing poor mental health (including people with dementia) because:

- GPs had attended a local school to highlight the role of a GP and to encourage young people to communicate their health issues to parents or guardians and teachers.
- There were good working relationships with local community providers specifically for patients in this group for example SOLAR, a local mental health and wellbeing support service for children and young people.
- The practice had sought advice from local consultants on how to assess for dementia in patients with a learning disability and subsequently used the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities Questionnaire (DSQIID) form to screen patients on an annual basis.
- The practice had identified individual patient's needs and had allocated different areas for patients to wait for their appointment if required; this included a quiet corner in the waiting area. We were told that in addition to this if a patient was very anxious in a social environment they had an agreement in place that patients could wait outside the main area to be called for their appointment.
- The practice actively used the Abbey Pain Scale method of assessment for pain for patients. This tool allows clinicians to assess pain in patients who have dementia or communication difficulties. It covered areas such as changes in facial expression, body language and behavioral changes. All assessments were documented on a template and stored in the patient's notes.

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
The practice was aware of groups of patients who might need specific support and had set an appropriate annual review date for medication and screening tests.	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am-6.30pm

Tuesday	8am-6.30pm
Wednesday	8am-12.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
On Wednesday afternoons when the practice is closed calls are diverted to the out of hours provider, Badger.	
Appointments available:	
Monday	8.30am-12.30pm and 3pm-6pm
Tuesday	8.30am-12.30pm and 3pm-6pm
Wednesday	8.30am-12.30pm
Thursday	8.30am-12.30pm and 3pm-6pm
Friday	8.30am-12.30pm and 3pm-6pm
Extended hours appointments were available at the local hub (Knowle Surgery) Monday to Friday 6.30pm - 8pm and 8am – 11am on Saturdays and Sundays.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4713	228	116	50.9%	2.46%

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)	99.2%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 additional needs and complex medical issues. The practice worked closely with the local Care Navigator who attended one of the flu Saturday clinics to offer support to vulnerable, elderly patients and carers. A GP had presented a Prostate Cancer and Men's Health talk to a local community group to increase health awareness. Staff liaised with services such as Alzheimer's support Solihull and Age Concern Solihull to assist patients with issues such as funding for pendant alarms or applying for financial support benefits.

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.
- The practice undertook audits in response to safety alerts to ensure that all patients taking affected medicine were identified for example, an alert for medicine to treat high blood pressure and swelling due to fluid build up (Hydrochlorothiazide)
- The practice carried out a gout treatment optimization audit in 2015 and since then had invested in a gout meter and test strips to encourage patients to carry out bedside testing to ensure appropriate levels of treatment and medicine.
- The practice had developed a template to record data regarding patients prescribed anticoagulant medicine and had actively moved patients to this medicine to reduce the necessity for regular blood test

Families, children and young people

Population group rating: Outstanding

Findings

- 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.
- GPs had attended a local school to highlight the role of a GP and to encourage young people to communicate their health issues to parents or guardians and teachers.
- There were good working relationships with local community providers specifically for patients in this group for example SOLAR, a local mental health and wellbeing support service for children and young people.
- Solihull carers' service had been invited to the practice to give advice on how to identify young carers.
- New mothers were sent a congratulations card with the date of their six-week checkup appointment.

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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday

and Sunday 8am until 11am.

- Telephone appointments were available for patients who travelled with work.
- Flu clinics were held on Saturday mornings in addition to midweek to improve access for working patients.

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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the use of special leaflets for patients with learning disabilities, hearing or visual limitations.
- Receptionist staff contacted vulnerable patients to remind them about their appointments.
- Home visits were organised by GPs to ensure seasonal vaccination was offered to all patients with a learning disability in their shared supported living. This minimized disturbance to their routine.
- The practice had an alcohol champion to support patients.
- All staff had completed domestic abuse training (Identification and Referral to improve Safety IRIS).
- GPs created a carer's template with direct hyperlinks to local support agencies and social prescribing. Staff liaised with Age UK to generate a carer's folder listing local clubs, residential homes, respite homes which was available to all patients.

People experiencing poor mental health (including people with dementia)

Population group rating: **Outstanding**

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 had sought advice from local consultants on how to assess for dementia in patients with a learning disability and subsequently used the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities Questionnaire (DSQIID) form to screen patients on an annual basis.
- The practice had identified individual patient's needs and had allocated different areas for patients to wait for their appointment if required; this included a quiet corner in the waiting area. We were told that in addition to this if a patient was very anxious in a social environment they had an agreement in place that patients could wait outside the main area to be called for their appointment.
- Improving Access to Psychological Therapies (IAPT) services were available on site.
- The practice had delivered medicine record books to some patients to ensure compliance with monitoring.
- The practice actively used the Abbey Pain Scale method of assessment for pain for patients in this group. This tool allows clinicians to assess pain in patients who have dementia or communication

difficulties. It covered areas such as changes in facial expression, body language and behavioral changes. All assessments were documented on a template and stored in the patient's notes.

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
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	93.4%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.1%	62.4%	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)	83.4%	62.8%	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)	91.0%	69.8%	74.4%	No statistical variation

Any additional evidence or comments

The practice achieved higher than average score for access to appointments and overall experience. This was confirmed in the local survey carried out.

Source	Feedback
For example, NHS	Based on six ratings the practice scored 4.5 out of 5. Patients commented that they

Choices	always found it easy to access appointments and received consistently good care
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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: Complaints were discussed at the practice quarterly meeting. Following the local patient survey the practice manager had recorded any verbal comments or complaints to ensure that all patients' views on the practice and the service provided were discussed, so that any concerns could be addressed at the earliest opportunity.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about the lack of a medicine on repeat prescription.	The practice manager explained the changes to the electronic service and the patient was satisfied with the verbal explanation.
A patient commented on the content of a review invitation letter.	The GPs reviewed the order of the letter and amended it following the suggestion from the patient.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels and 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.	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: We saw that key responsibilities were devolved between the GP partners, so that the practice was run in a democratic way. For example, each GP had specific areas of responsibility including non-clinical area such as online access, patient questionnaires and Speak Up. A buddy system was in place to ensure all areas of responsibility were covered during absences. Staff told us that the GP partners and management team were very supportive and approachable.	

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
Explanation of any answers and additional evidence: It was evident on the day that the entire team put the patients first. There was a high level of commitment and loyalty across clinical and non-clinical staff. There had been a number of recent staff changes and the team had adjusted to the changes in a positive and productive way.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with said they felt comfortable in reporting concerns or highlighting issues to clinicians	

for example if a patient's dementia symptoms seemed to be worsening.

The GP partners arranged their sessions to accommodate both the needs of the patients and an appropriate work life balance.

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

Source	Feedback
Staff Interviews	Staff we spoke with felt supported in their roles and said that there was a flat management structure which enabled them to approach all staff with any queries or concerns.

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:	
<p>The practice had engaged an external provider to cover HR issues and to provide support. A broad range of policies and procedures was available to all staff via the practice intranet. We noted that these documents were regularly reviewed.</p> <p>There was a schedule of weekly, monthly and quarterly meetings in place to ensure good communication and awareness of changes or issues within the practice.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes

Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a range of audits undertaken including, certain surgery outcomes disease specific (coeliac treatment) and gout.</p> <p>All GP partners, the practice manager held copies of the Business Continuity Plan off site. The practice also had an IT failure plan in place.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>There was a clear system in place to assess and monitor risks and significant events including weekly discussions at practice meetings and annual trend analysis.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The partners recognised that as a small practice they need to work collaboratively with other local health providers and GPs and had a succession plan in place which looked at the need for expansion, working in primary care networks whilst retaining the level of service they provided to their patients.</p>	

Feedback from Patient Participation Group.

Feedback

We spoke with the patient participation group (PPG) who told us that with all staff in the practice, patients came first. The group met quarterly and meetings were attended by practice staff. Minutes were sent to the virtual PPG and were available on the practice website. Some of the areas where the PPG have worked with the practice included the content of the screen in the waiting area and purchasing blood pressure monitors for patient use. They had assisted the practice with an in-house survey carried out in October 2018 and had developed an action plan following a discussion of the results which included more online appointments made available, training for reception staff to actively signpost patients and additional reception staff had been recruited.

Any additional evidence

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: The GP partners and management team encouraged continuous learning to drive through improvements at all levels in the practice. The practice encouraged staff to undertake additional training specific to their roles, for example a nurse had completed a wound management course. Trainee GPs were well supported, and mentorship and reflection time was evident.	

Examples of continuous learning and improvement

The practice had a specific group of vulnerable patients who were supported through advice and guidance and up to date information on screening. Special awareness was evident for this group of patients and adjustments were tailored to the individuals by staff at all levels.

The practice was working with the local clinical commissioning group to improve the use of IT within the practice including Skype video consultations, a project which had been originally taken place in 2015.

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 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.