

Care Quality Commission

Inspection Evidence Table

Mrs Suhasini Nirgude (1-516066026)

Inspection date: 26 June 2019

Date of data download: 7 June 2019

Overall rating: Good

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

Safe

Rating: Good

At our previous inspection in September 2018 we rated the practice as requires improvement for providing safe services because:

- The practice's systems, processes and practices did not always keep people safe and safeguarded from abuse.
- Patients were at risk of harm due to medicines management procedures not always being implemented effectively by the practice. This included procedures for medicines that required refrigeration.

At this inspection, we found improvements had been made, we have rated this practice as good for providing safe services because:

Safety systems and processes

The practice had improved 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

Safeguarding	Y/N/Partial
Staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes – point 1
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
<p><u>Point 1</u></p> <ul style="list-style-type: none"> • Following the September 2018 inspection, we saw the practice had revised the staff training log. This log was monitored, and all members of staff had appropriate safeguarding training for their role. • Furthermore, we also saw members of staff had completed additional and themed safeguarding training which was specific to challenges within the local community, for example Female Genital Mutilation (FGM) training and county lines/gang awareness training. 	

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) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

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: 20 June 2019	Yes
There was a record of equipment calibration. Date of last calibration: 5 June 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 20 June 2019	Yes
There was a log of fire drills. Date of last drill: 4 September 2018	Yes
There was a record of fire alarm checks. Date of last check: External specialist check – May 2018 & In-house check - June 2019	Yes
There was a record of fire training for staff. Date of last training: June 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 9 May 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Health and safety, premises and security risk assessment had been carried out. Date of last assessment: 10 January 2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • During the inspection we saw the practice held records of completed environmental safety checks and associated risk assessments. This included various timetables of when the checks and risk assessments required repeating. 	

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 (IPC).	Yes
Date of last infection prevention and control audit: 22 May 2019	Yes
The practice had acted on any issues identified in IPC audits.	Partial – Point 1
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<p><u>Point 1</u></p> <ul style="list-style-type: none"> The practice worked with the IPC Lead from the local clinical commissioning group to complete the most recent IPC audit. This was completed on 22 May 2019. Following the audit, the practice was sent a five-point action plan in June 2019. We saw the practice had reviewed the action plan and commenced action to improve the actions identified. For example, improving the hand washing facilities in one of the patient toilets. 	

Risks to patients

There were appropriate 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 – Point 1
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes

There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><u>Point 1</u></p> <ul style="list-style-type: none"> Practice staff had received appropriate Basic Life Support training. The practice advised non-clinical staff would receive information on sepsis awareness at the next team meeting. (Sepsis is a rare but serious complication of an infection). 	

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

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.35	0.78	0.88	Significant Variation (positive)
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). (01/04/2018 to 31/03/2019) (NHSBSA)	5.6%	9.1%	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 Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	4.00	5.46	5.61	Tending towards variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	0.50	1.78	2.07	Significant Variation (positive)

Explanation of any answers and additional evidence:

- During the inspection, we discussed the practices prescribing data for antibacterial prescription items, Nitrofurantoin, Pivmecillinam, Trimethoprim and nonsteroidal anti-inflammatory drugs (NSAIDs). (NSAIDs are a class of medicine that reduces pain and prevents blood clots).
- The practice advised they were proud of their performance and had endeavoured to improve over the last few years. This improvement was a result of themed and specific audit activity led by the GP.

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 had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	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 – Point 1
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes – Point 2
<p>Explanation of any answers and additional evidence:</p> <p><u>Point 1</u></p> <ul style="list-style-type: none"> The practice held the majority of the recommended emergency medicines. For the medicines which were missing, we saw a risk assessment was in place to determine the range of medicines held. This risk assessment was completed annually. We discussed this with the practice, after our discussions, the practice advised they would review the risk assessment at six monthly intervals to ensure all potential and emerging risks were assessed. 	

Medicines management	Y/N/Partial
<p><u>Point 2</u></p> <ul style="list-style-type: none"> Following the September 2018 inspection, we found the practice had strengthened their existing processes for storing vaccines and medicines which required refrigeration. For example, both refrigerators were monitored every day and the temperatures recorded in individual monitoring logbooks. The practice had also amended the daily monitoring schedule (time of monitoring), provided training for all staff, highlighted through visual reminders and added as a daily operating task. We saw the practice manager monitored the new process to ensure all members of staff were following the revised procedures. During the inspection, all members of staff we spoke with fully understood the revised refrigeration procedure, cold-chain process and PHE guidance to ensure medicines remained safe and effective. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Delay in specimen collection (two collection bags in circulation)	<ul style="list-style-type: none"> Full review of specimen collection process and incident discussed with all staff involved in the process. This included a discussion on the existing procedure with staff and agreed a revised process. The revised process removed one of the collection bags, this ensured only one collection bag was in circulation at any one time. On collection, there was now an additional verbal confirmation between the practice and collection courier.

Telephone system failure	<ul style="list-style-type: none"> • Full review of the incident, including discussions with telephone provider. • Until resolved all inbound calls diverted to the second line within the practice. This action aligned to the agreed process within the business continuity plan.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Following the September 2018 inspection, we found the practice had formalised the process for acting on and learning from local, national and external safety events as well as patient and medicine safety alerts. The practice manager received, recorded and shared the alerts with the GP who reviewed the alerts, completed the various patient searches and actions when appropriate. We saw these actions were now logged to show that non-relevant alerts had been considered and to show the actions taken following identification of relevant alerts. 	

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: <ul style="list-style-type: none"> The practice received and circulated new local and national guidelines to clinicians. During our discussion with the GP we found a consistent understanding of clinical guidelines. 	

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.12	0.56	0.77	Significant Variation (positive)

Older people

Population group rating: Good

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

- On-site Doppler examination was offered by the practice nurse, to avoid an extra hospital visit. This enabled a quicker response for those with circulation problems or needing measurement for compression stockings.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Clinical data showed practice performance for respiratory condition related indicators (asthma and COPD) was significantly better than the CCG and national average.
- The practice had portable spirometry equipment, therefore opportunistic checks on those with chronic coughs, not on the chronic disease register could also be assessed.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.4%	77.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.8% (6)	12.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.1%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.7% (10)	8.6%	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>	79.8%	78.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.7% (9)	12.2%	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>	86.4%	75.7%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.2% (1)	5.2%	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%	90.5%	89.7%	Variation (positive)
Exception rate (number of exceptions).	18.2% (4)	9.9%	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) <small>(QOF)</small>	85.0%	82.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (3)	3.0%	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) <small>(QOF)</small>	91.7%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (2)	6.9%	6.7%	N/A

Findings

- Childhood immunisation uptake rates had improved and were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

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)	23	25	92%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	34	37	92%	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)	34	37	92%	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)	35	37	95%	Met 90% minimum (no variation)

Any additional evidence or comments

The inspection in September 2018 highlighted the practice performance, specifically uptake rates for child immunisations were significantly lower when compared to local and national averages.

The practice was aware and advised they had commenced an action plan which aligned to the external challenges (transient population and cultural differences) which impacted screening and recall programmes, including child immunisations. This action plan included a full team endeavour to provide opportunistic immunisations, such as when children attended for other appointments. The practice was optimistic the action plan would improve overall immunisation data.

In June 2019, we saw this action plan had led to the required improvements in all child immunisation rates, for example:

- In September 2018 (collection period 01/04/2016-31/03/2017), 74% of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster). In June 2019 (collection period 01/04/2017-31/03/2018), this had increased to 92%, representing an 18% 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.
- The practice website included access to webforms to complete a variety of online health reviews and assessments. This included access to an alcohol consumption review, sleep review and travel risk assessment.

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)	68.4%	71.9%	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)	64.6%	72.1%	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)	48.6%	57.5%	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)	50.0%	73.9%	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)	0.0%	54.1%	51.9%	Significant Variation (negative)

Any additional evidence or comments

Cervical screening

- At the September 2018 inspection, the practice provided unvalidated data which showed that the uptake for cervical screening for the full year 2017 to 2018 had improved to 78%, which was a 10% increase. We reviewed this again during this inspection and saw a further increase 2% increase to 80%.

New cancer cases treated

- In light of the practice receiving a negative variation for its two week wait (TWW) referral and detection rate, we discussed the cancer care pathway and referral process with the GP and also the secretary who managed the administration process. The GP and the CQC GP Specialist Advisor case tracked two recent (February 2019 and April 2019) TWW referrals and saw the patient was referred appropriately and in a timely manner. Both referrals resulted in a confirmed cancer diagnosis. On review, we saw the practice had not used the correct TWW code on the computer patient records system and used an alternative 'Fast Track' code. The practice advised they would raise this with the CCG, Commissioning Support Unit (CSU) and the provider of the computer system.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. We saw there were 10 patients on the learning disability register. At the time of our inspection, all 10 patients (100%) had a health check recorded in the last 12 months.
- 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. Where appropriate these patients were referred to IRIS – Reading, an Integrating Recovery in Services unit for addiction support.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The GP provided neuroleptic injections when clinically appropriate. 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. Information was shared with the local Community Psychiatric Nurse teams if required.
- 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 awareness 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) (QOF)	93.8%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	12.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.0%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	10.3%	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)	66.7%	84.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.0%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540.6	541.8	537.5
Overall QOF score (as a percentage)	97%	97%	96%
Overall QOF exception reporting (all domains)	3.7%	5.1%	5.8%

Any additional evidence or comments

The most recent (2017/18) QOF performance demonstrated improvements had been made to individual clinical outcomes, overall QOF scores and overall exception reporting scores. For example:

- In 2016/17, the overall QOF score was 95%. In 2017/18, this had increased (positive improvement) to 97%.
- In 2016/17, the overall QOF exception reporting was 4.3% this had decreased (positive improvement) to 3.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

	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 – Point 1
Any additional evidence or comments	
<p><u>Point 1</u></p> <p>Since the September 2018 inspection, we saw the practice had commenced a series of quality improvement activities which included clinical audits. We saw audit activity was in alignment to local and national health priorities, for example, antibiotic prescribing, and also in areas the GP had specialist interests in, for example, asthma management and diabetes.</p>	

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

<p><u>Sore throat audit</u></p> <p>This audit reviewed the management of patients presenting with sore throat related symptoms. This included a review of cases when antibiotics had been prescribed in suspected throat infections. The first audit cycle commenced in August 2018 and highlighted three recommendations. The second cycle of audit took place in March 2019. Although the March 2019 audit highlighted the Centor criteria was used in 100% of cases, the audit also highlighted further improvements could be made specifically regarding the duration of the course of antibiotics. (The Centor criteria are a set of criteria which may be used to identify the likelihood of a bacterial infection in adult patients complaining of a sore throat).</p> <p><u>Further audits</u></p> <p>We saw several audits were in progress during the June 2019 inspection. This included audit activity which reviewed short acting asthma management, lipid management in diabetic patients and urinary tract infections in primary care. The first cycle of these audits had commenced, and all had a documented date for either the second cycle or full re-audit.</p>
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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 on immunisation and on sample taking for the cervical screening programme.	Yes – Point 1
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
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.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p><u>Point 1</u></p> <p>As part of the practice action plan to increase the cervical screening uptake, the GP had attended a women's health study day which included information to support females attending their screening appointment and the sample taking technique.</p>	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice supported patients to live healthier lives through health promotion and prevention of ill health. We saw the practice promoted and referred into, where appropriate, various local services including services to help people lose weight, quit smoking, get more active, feel happier or manage their long-term conditions. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.6%	94.3%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.6% (2)	0.7%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw the practice had reviewed and discussed guidance regarding migrant health - culture, spirituality and religion. Staff were aware of beliefs, rites and rituals around pregnancy and birth, menstruation, marriage and death within the variety of religions and cultures in Reading, Berkshire. Through our discussions with the GP it was evident that they explored patients' beliefs and understood the impact on health and wellbeing. 	

Care Quality Commission (CQC) comment cards	
Total comments cards received.	47
Number of comments cards received which were positive about the service.	38
Number of comments cards received which were mixed about the service.	8
Number of comments cards received which were negative about the service.	1

Source	Feedback
Patient feedback – 47 CQC comment cards and three patient interviews	The majority of patient feedback collected reported that they felt they received good care and treatment from the staff. They told us that they felt listened to and treatment was explained to them in a way they could understand. Feedback also highlighted the compassion and support from the GPs and the traditional family ethos within the practice. The mixed and negative comments included comments that on occasions some of the staff could be rude and dismissive.
External stakeholder feedback	Following the inspection, we spoke to a local adult learning disability care home whose residents accessed GP services from the practice. Feedback was positive and through our discussions, it was evident practice staff were committed to working in partnership with the home staff and residents.

<p>NHS Friends and Family Test results</p>	<p>The practice promoted and monitored patient feedback that was collected via the NHS Friends and Family Test results.</p> <p>In May 2019, 100% of respondents (eight responses) would recommend (extremely likely or likely) the practice to friends or family.</p> <p>In April 2019, 83% of respondents (23 responses) would recommend (extremely likely or likely) the practice to friends or family.</p> <p>In March 2019, 86% of respondents (21 responses) would recommend (extremely likely or likely) the practice to friends or family.</p>
<p>NHS Website</p>	<p>Feedback left on NHS UK website was mixed and did not align to other feedback collected. At the time of the June 2019 inspection, there had been four NHS UK ratings and reviews for the period January 2018 to June 2019. Two of the ratings/reviews were five out of five-star ratings with highly complementary reviews, whilst the other two ratings/reviews were one out of five star ratings with reviews that highlighted concerns and frustrations.</p> <p>We saw the practice had logged, reviewed and responded to all NHS UK feedback.</p>

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
2,420	364	93	25.5%	3.83%

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)	79.3%	90.0%	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)	77.4%	87.3%	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)	90.0%	95.6%	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)	79.5%	83.9%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

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

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)	84.8%	94.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes – Point 1
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:	
<p><u>Point 1</u></p> <ul style="list-style-type: none"> Designated areas in the waiting area displayed up-to-date information and contact details about local services, available support including advocacy services. However, the area and amount of information on display appeared cluttered and the variety of information on display could confuse patients. This had been highlighted in the recent infection control audit. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> In June 2019, the practice patient population list was 2,420. The practice had identified 22 patients, who were also a carer; this amounted to 0.9% of the practice list. This was an improvement from the 15 carers the practice had identified when we last inspected in September 2018, and the practice was aware there were further improvements required in how they identify patients with caring responsibilities.
How the practice supported carers.	<ul style="list-style-type: none"> The practice's computer system alerted staff if a patient was a carer. The practice had carers information in the patient waiting areas. The practice website had been revised and now included information for patients with caring responsibilities, for example the website included the Berkshire West Carers Hub newsletter. This newsletter included contact details for the variety of support groups within the Reading and West Berkshire area.

<p>How the practice supported recently bereaved patients.</p>	<ul style="list-style-type: none"> The practice sent condolences to support recently bereaved patients, this was done to suit the individual including contact over the telephone and by inviting them in to the practice. Patients were also signposted to bereavement support services.
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Privacy and dignity

The practice respected respect 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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> One of the reviews on the NHS UK website highlighted positive actions and reasonable adjustments the practice had taken to improve the patient experience. Specifically, how the practice provided a British Sign Language Signer and text relay service to support patients living with a hearing impairment. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Any additional evidence or comments	
<ul style="list-style-type: none"> Extended hours appointments were available between 6.30pm and 8pm every Monday evening. Patients at the practice could access improved access appointments at primary care access hubs across West Berkshire. These improved access appointments were booked via the patient's registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays. 	

National GP Survey results

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)	86.8%	94.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- Patients aged over 75 were provided a second direct dial telephone number to contact the practice directly and bypass the telephone answering service.
- 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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- 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. This included referrals to the community COPD team via the Reading health hub or Community Heart Failure specialist nurse, if indicated.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: **Good**

Findings

- Additional appointments were available until 8pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a baby or child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online access for repeat prescriptions, appointment booking and online health assessments.
- The practice was open until 8pm on a Monday evening. 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, GP alliance and from July 2019 a Primary Care Network. Appointments were available Saturday and Sunday 10am until 1pm.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode and those in emergency short term accommodation.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, double appointments were standard for this cohort of patients.

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.
- Patients who failed to attend for follow up mental health including dementia appointments were proactively followed up by a phone call from a GP.
- The practice was aware of support groups within the Reading and West Berkshire area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	93.1%	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)	79.1%	68.9%	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)	76.7%	65.0%	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)	75.0%	74.7%	74.4%	No statistical variation

Any additional evidence or comments

- All patient feedback (written and verbal) including feedback from external stakeholder (local care home) highlighted access was good. During the inspection, patients who we spoke with complimented the appointment system, advising very good telephone access and an appointment system which promoted continuity of care it worked for their family.

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.	4
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice manager handled all complaints in the practice and when required, the GP reviewed and investigated all clinical complaints. 	

Examples of learning from complaints.

Complaint	Specific action taken
A non-routine medicine was Requested by secondary care and the practice did not fulfil this request.	<ul style="list-style-type: none"> The practice reviewed the shared care protocol with the local hospital and agreed this request can be fulfilled by the local hospital. This, therefore, ensured the medicine was provided by another service and the patients request fulfilled.
Prescription delay	<ul style="list-style-type: none"> The practices prescription process was reviewed and awareness of the correct process for repeat prescriptions was shared with staff. This included an additional action to highlight the date to be processed and therefore reduce likelihood of delay.

Well-led

Rating: Good

At our previous inspection in September 2018 we rated the practice as requires improvement for providing well-led services because:

- Leaders did not always have capacity and skills to deliver high-quality, sustainable care. They were not always aware of the risks and issues within the service.
- The service had five inspections since January 2015. Four of these inspections identified issues with management of safety issues and three of these inspections identified issues with governance processes.
- The provider did not react sufficiently to risks identified through internal processes; there was an ineffective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

At this inspection, we found improvements had been made, we have rated this practice as good for providing well-led services because:

Leadership capacity and capability

There was compassionate, inclusive and effective leadership.

	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

Vision and strategy

The practice had a 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:

- The practice manager had a comprehensive understanding about the General Practice Forward View, with a view to improve patient care and access and invest in new ways of providing primary care. This included closer working with the GP alliance and the newly formed Primary Care Network.
- Although not documented, there was a full practice commitment to provide a high standard of holistic primary care to their patients by working together as a cohesive multi-disciplinary team. All members of staff highlighted they wanted to maintain the traditional family values within the practice. This aligned to the positive patient feedback we received.

Culture

The practice had an improved culture which drove high quality sustainable.

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

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

Source	Feedback
Staff feedback – captured in interviews and in written feedback	<ul style="list-style-type: none"> • During the inspection, staff were complimentary about working at the practice. We also received staff feedback reporting the practice had worked hard as a team over the last nine months to make improvements.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had revised policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> There was a greater understanding of risk within the practice. Following an analysis of the internal strengths, weaknesses, opportunities and threats (a SWOT analysis), the practice had a proactive methodology to assess and anticipate risks. We saw the risk analysis also highlighted the challenges within the practice which were potential risks, for example, staff recruitment, staff retention and the increasing turnover of patients which impacted certain elements of clinical performance. 	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">We spoke with two members of the Patient Participation Group (PPG). The PPG was a small group of patients who met every three or four months, the last meeting was in May 2019. These meetings were attended by the practice manager. The members described a strong family like relationship between the practice and PPG. The PPG confirmed the practice encouraged, respected and valued their involvement.

Any additional evidence
<ul style="list-style-type: none">We also spoke to a local adult learning disability care home whose residents accessed GP services from the practice. Feedback about the relationship between the practice and the care home was positive.

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: <ul style="list-style-type: none">• The practice held protected learning time sessions for staff. Furthermore, all staff received individualised training opportunities which were discussed at their appraisals.• Clinical outcomes had improved, specifically QOF outcomes, child immunisation uptake and cancer screening uptake.• The practice was actively involved with the development of the local Primary Care Network.	

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.