

# Care Quality Commission

## Inspection Evidence Table

### St Levan Surgery (1-559737656) and Adelaide Street

Inspection date: 24 April 2019

Date of data download: 11 April 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
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• The safeguarding lead GPs for adults and children were trained to level four and five, all other GPs and clinical staff were trained to level three.</li> <li>• The staff we spoke to could identify the lead at the practice and the process used to raise a concern.</li> <li>• Staff were trained in domestic violence awareness, deprivation of liberty, mental capacity act and prevent and were able to give us examples of where this training had been used when meeting patients.</li> <li>• All staff trained as chaperones at the practice had received a DBS check and appropriate training.</li> <li>• Midwives, health visitors, mental health workers and drugs workers all work out of the practice and had easy access to the GPs.</li> </ul>	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• On the day of the inspection we looked at the records of three members of staff, they had all received the necessary checks required.</li> <li>• Since April 1 2019 the practice had indemnity cover under the Clinical Negligence Scheme for General Practice (CNSGP) The scheme includes all GPs and others working for general practice who are carrying out activities in connection with the delivery of primary medical services – including salaried GPs, locums, students and trainees, nurses, clinical pharmacists and other practice staff. In addition, all staff have continued with pre-existing insurance to ensure additional cover is provided.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person.	Yes
There was a record of equipment calibration.	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: St Levan March 2019 / Adelaide October 2018	Yes
There was a log of fire drills. Date of last drill: St Levan June 2018 / Adelaide March 2018	Yes
There was a record of fire alarm checks. Date of last check: St Levan March 2019 / Adelaide October 2018	Yes
There was a record of fire training for staff. Date of last training: completed online	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: St Levan and Adelaide Street January 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Fire training was completed through e learning, the practice has a dedicated staff member that ensured all mandatory training was kept up to date.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018	Yes

## 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 (both sites)	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

## Risks to patients

### There were 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 another 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> <ul style="list-style-type: none"> <li>• Staff had undertaken training in awareness of sepsis and there was written guidance for staff to refer to.</li> <li>• Sustainability and cover for staff absences and busy periods was provided by staff that were multiskilled. Staff who were part time worked additional hours when necessary.</li> </ul>	

## 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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.13	0.91	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	7.9%	9.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.60	5.76	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	4.87	2.57	2.13	Variation (negative)

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	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were 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> <ul style="list-style-type: none"> <li>• The practice had a local enhanced service for substance misuse and all the prescribers had completed additional training with the Royal College of General Practitioners in substance misuse.</li> <li>• The practice worked closely with local pharmacies to ensure safe prescribing as there were a significant number of patients on supervised consumption, daily pickups or weekly prescriptions.</li> <li>• The practice had a higher percentage of average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit. Whilst neither the practice nor the CCG Medicines Management Team had identified this as a concern relative to the patient demographic prior to inspection they believed this to be as a result of the number of patients, including those from the ex-military, suffering unexplained medical symptoms and substance misuse cohorts who had been previously been prescribed pain relief including opiates. The practice were managing reduction programmes and confirmed they would undertake an audit to establish this.</li> </ul>	

**Track record on safety and lessons learned and improvements made**

**The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	18
Number of events that required action:	18
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was evidence that action had been taken to investigate and learn from incidents and events.</li> <li>• All staff had undertaken online training on being open and accident and incident reporting.</li> <li>• The practice utilised the yellow card system this was an electronic reporting system Devon wide for clinicians to raise concerns and feedback</li> </ul>	

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

An unregistered patient had an appointment booked for a call back, this was deleted during registration process and then not rebooked resulting in patient not being called at correct time.

Following a review protocol reinforced with staff to take their time when registering new patients or ask another member of staff to do the registrations

A patient attended surgery with chest pain, the receptionist advised to attend the emergency department. The patient refused and was put on list for a phone call. The patient collapsed and was treated by the practice staff until the ambulance arrived.

Staff were reminded that patients with chest pains must be asked to wait in the surgery to see a clinician or for an ambulance. Reception staff must ensure patients stay within the practice in this situation to the best of their ability.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
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: <ul style="list-style-type: none"> <li>• Following an advisory from The Medicines and Healthcare products Regulatory Agency (MHRA) regarding the DVLA drug driving advisory all patients, where high</li> </ul>	

doses of pain relief medicines were prescribed, were sent letters informing them of the new legal implications of drug driving.	
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## Effective

## Rating: Requires Improvement

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.82	0.95	0.79	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice used a pharmacist to see patients ensuring safety and quality by reviewing polypharmacy, high risk drugs and identifying interactions, incorrect dosages, and unnecessary medication. These reviews could also be used to discuss any falls, memory problems, medicines usage and adherence.
- The practice followed up on older patients discharged from hospital and, if necessary, the advanced care practitioners, visited patients at home. 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.

- Telephone consultations were available that enabled elderly patients with mobility/transport problems and carers to obtain prompt GP phone advice at time of their choice. If an appointment was needed, the GP arranged one to suit patient/carers. Appointments were 15 minutes, or longer if needed.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice held virtual clinics with specialists' nurses to review patients with more complex issues.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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)	93.4%	82.5%	78.8%	Variation (positive)
Exception rate (number of exceptions).	44.6% (182)	14.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017	80.2%	76.1%	77.7%	No statistical variation

to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	35.8% (146)	13.0%	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>	73.0%	80.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	29.2% (119)	17.0%	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>	71.5%	76.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	21.9% (133)	11.6%	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>	94.9%	89.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	23.8% (62)	13.6%	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>	81.6%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	19.9% (218)	5.6%	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>	88.0%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (4)	7.0%	6.7%	N/A

### Any additional evidence or comments

- The practice encouraged patients to receive a review where appropriate (and patient choice) by utilising phone for reviews (e.g. epilepsy, well controlled asthma) and to follow up initial consultations and investigations, reducing need for patients to take time off work/caring responsibilities.
- The practice has carried out funded research into the care of people with multiple long-term conditions. The team developed “SHERPA”, a shared decision-making consultation model for patients with multiple issues. This was published in the Lancet, 2018. The practice used this approach within consultations and shared with staff, trainees and students.

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisation uptake rates were above 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.
- Young people could access services for sexual health and contraception.
- The practice hosted an annual event where local school children visited the practice to help them understand the importance of education for future health careers.

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)	110	112	98.2%	Met 95% WHO based target (significant variation positive)
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)	106	114	93.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	106	114	93.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	108	114	94.7%	Met 90% minimum (no variation)

#### Any additional evidence or comments

#### Working age people (including those recently retired and students)

#### Population group rating: Requires Improvement

#### 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 by text as well as order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
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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)	71.9%	75.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.5%	76.0%	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)	51.9%	61.1%	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)	73.3%	63.3%	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)	43.2%	56.1%	51.9%	No statistical variation

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked closely with and directed patients to the Social Prescribing service.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for

physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

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%	86.6%	89.5%	Significant Variation (positive)
Exception rate (number of exceptions).	25.0% (30)	16.4%	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>	95.5%	87.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	26.7% (32)	14.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	84.2%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	10.8% (4)	8.1%	6.6%	N/A

#### Any additional evidence or comments

- Exception reporting for the majority of the indicators are above CCG and national averages.
- Indicators for bowel and cervical screening were lower than national averages.

### 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)	554.9	541.9	537.5
Overall QOF exception reporting (all domains)	16.2%	6.8%	5.8%

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

- The practice had carried out an audit of all patients suffering with Asthma taking an inhaler in a specific group without being prescribed steroid inhalers. Of the 36 patients identified only seven patients (80.5%) were prescribed both medicines. The audit was repeated six months later, and it was found that only 12 patients continued to be on the two inhalers and 100% of patients were being prescribed appropriately. However, there was still some risk for these patients and it was agreed with the local prescribing team that all patients would be switched to a combination inhaler. A further audit identified that no asthmatic patient was being prescribed a single medicine.
  - The practice routinely audited the smear results and checked patients had received their results.
  - The practice was involved in the Partners2 Research project which aimed to help primary care and community based mental health services work more closely together by developing a system of collaborative care based in GP practices for people with schizophrenia and bipolar disorder.
- Further audits included, workload audit of secretarial staff, use of chaperones and the usage of language line.
- The practice was aware that their exception reporting in some clinical areas was higher than the CCG and national average. The practice told us they monitored the exception reporting and the higher results were from coding issues

#### **Any additional evidence or comments**

The practice were proactive in their local community as GPs across the practice had additional responsibilities and lead roles.

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• A nurse also worked for the Community Education Provider Network (CEPN) and leads on nurse training.</li> <li>• Nursing staff were mentors to student nurses during their placement at the practice.</li> <li>• A health care assistant was undertaking the nursing associate course.</li> </ul>	

## 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	Yes

services.	
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:	
To overcome the difficulties of community staff attending meetings at multiple sites the practice were participating in a virtual ward multi-disciplinary meeting where they could attend in person, dial in, or receive feedback through e mail.	
The practice recently purchased a health monitoring machine for patients to record their weight, height, blood pressure smoking and alcohol status.	

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>	96.6%	94.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (107)	1.1%	0.8%	N/A

## Consent to care and treatment

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

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

# Caring

## Rating: Good

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received from across both sites.	33
Number of CQC comments received which were positive about the service.	33
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
Comment Cards	Reception is very friendly, and the doctors always listen when I need them to.
	I can an appointment urgently if I need one and I always get a professional service from the doctors
	I've always been treated with dignity and respect and it is now easier to get an appointment.

## 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
7677	359	126	35 94%	1.64%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.0%	92.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.2%	91.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.1%	97.0%	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)	83.8%	89.1%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice sought feedback from patients through: -</p> <ul style="list-style-type: none"> <li>• Patient surveys.</li> <li>• Friends and Family Survey.</li> <li>• Practice own CFEP survey, this is a survey undertaken by an outside company used to gain feedback on the services provided.</li> <li>• and members of the patient participation group (PPG) held drop in sessions at each practice to gain patient feedback.</li> <li>• The practice proactively promoted comments on the NHS website and always provided a response.</li> </ul> <p>We saw evidence to demonstrate that patients have responded in a positive manner.</p>

### 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
<p>Explanation of any answers and additional evidence:</p> <p>There was useful information in the waiting for patients to access.</p> <p>The practice worked closely with a local charity that provided support within the community. It provided GPs with a non-medical referral option that could operate alongside existing treatments to improve health and wellbeing.</p>	

### 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	95.6%	96.0%	93.5%	No statistical variation

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

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice website had the option to translate pages into a number of different languages.</li> <li>• For patients with a hearing disability or whose first language is not English, 30-minute appointments are provided.</li> </ul>	

## 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

# 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The patient demographics demonstrate a higher number of vulnerable patients with complex needs, for example, homeless, street sleepers and detox services for young pregnant mothers being a few. For these patients the staff go out to them to provide the care.</li> <li>People could access appointments and services in a way and at a time that suited them, this was reflected in the high levels of patient satisfaction scores.</li> <li>In response to patient need, the practice operated a standard 15 minutes doctor appointment, double appointments were also available for patients with a learning disability or for those with complex needs. Patients were able to discuss multiple conditions within one appointment.</li> <li>The practice had an embedded triage system to allow each GP to assess each call for an appointment that came into the practice. This system ensured that patients got the right service at the right time.</li> <li>The practice regularly signposted patients to local agencies, support groups, psychological therapies (voluntary and statutory) e.g. Memory Matters Hub, Healthy Futures and exercise on prescription.</li> <li>There was a social prescriber at each site providing more expert advice.</li> </ul>	

Practice Opening Times for both sites	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
Appointments available:	
Monday	8.30am – 12.30pm then 1.30pm – 6pm

Tuesday	8.30am – 12.30pm then 1.30pm – 6pm
Wednesday	8.30am – 12.30pm then 1.30pm – 6pm
Thursday	8.30am – 12.30pm then 1.30pm – 6pm
Friday	8.30am – 12.30pm then 1.30pm – 6pm
	Telephone lines remain open during lunchtimes.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7677	359	126	94%	1.64%

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)	100.0%	96.4%	94.8%	Significant Variation (positive)

### Any additional evidence or comments

The practice operated a triage system enhancing their ability to be flexible to meet patients' needs.

### 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.
- The practice held multidisciplinary meetings (moved to Virtual Wards sharing across multiple practices) where patients with complex needs were discussed and actions agreed.

### 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.

## **Families, children and young people**

**Population group rating: Good**

### **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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the practice each day of the week

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered phone-backs and reviews at times patient requests (e.g. breaks, lunchtime, after work). The GPs also arranged appointments as required to fit around work/childcare/education responsibilities.

## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- The practice had tailored the appointments and duration to ensure patients could access appointments and had the time necessary to discuss their individual needs, this allowed the time to discuss and advise on the importance of childhood immunisations for example. A double appointment with any healthcare professional was offered, which allowed the flexibility to discuss and address complex needs.
- The practice held the contract for the Plymouth homeless & probation service that enabled this client group to attend a GP practice and receive continuity of care.
- The practice kept a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was one of two practices in the City that provided a special allocation GP service to patients who had been barred from other services due to the nature of their behaviour.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided the GP cover for Trevi House that provided rehabilitation and parental assessment for up to ten mothers with drug or alcohol dependency issues, together with their children.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice demonstrated that during the flu vaccine season, to ensure that for all patients needing a flu vaccine, the staff would go out to them to provide flu clinics so those who were willing, could have the care and treatment they needed.

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

Population group rating: **Good**

### Findings

- The practice had recently taken on the contract for an outreach service for patients suffering mental health issues, homelessness, street sleeping and substance misuse. This had increased their numbers by 60 to 300 patients, approximately 4% of the patient list.
- 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 had GPs with a specialist interest in substance misuse and provided an enhanced service locally. They used their specialist knowledge to support this service and train and mentor primary care clinical staff in the community. The lead GP for substance misuse had also

developed a training session and all their staff were involved in promoting GP and inner-city work through training and supporting nurse's, doctor's and Occupational Therapist students on placement and GP trainees. They ran a 3.5 day mental health/substance misuse primary care pathway for all Peninsula Medical students with excellent feedback.

- The practice provided GP support for two local hostels providing care for patients with substance misuse and addiction and within the probation service.
- The practice was one of two practices that provided a special allocation GP service to patients who had been barred from other services due to the nature of their behaviour.
- The practice was aware of support groups within the 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 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)	84.4%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	77.8%	78.1%	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)	72.0%	73.2%	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)	84.6%	82.6%	74.4%	No statistical variation

#### Any additional evidence or comments

Although statistically no variation the practice scores higher in all areas of patient satisfaction of making an appointment.

Source	Feedback
NHS Choices	The practice has received four out of five stars with positive comments of being able to speak and see a GP on the same day.

## 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.	20
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:	
<ul style="list-style-type: none"> <li>Complaint leaflets were kept in reception and handed to patients if requested, there was a notice on display to encourage this. There was a complaints procedure in place and we saw that complaints were properly investigated and recorded so that trends and training needs could be identified.</li> </ul>	

#### Example(s) of learning from complaints.

Complaint	Specific action taken
Information was not shared between care providers in different areas	The practice realised that they had made many inaccurate assumptions about transfers of care from one hospital to another. These assumptions were discussed more fully at a team meeting.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The partners each had a lead area of responsibility in the practice.</li><li>• Regular clinical and staff meetings were held to discuss all aspects of the practice. All meetings had an agenda and minutes were recorded.</li><li>• The partners and managers met regularly to discuss staffing issues, finance, premises and contracts to ensure that they were reactive and ready to face the challenges of general practice.</li><li>• Staff said that they felt part of a strong team and supported by the GPs and management team. They could speak to the practice manager, or a partner, if they had concerns or needed pastoral support.</li></ul>	

### Vision and strategy

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

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

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Leaders and staff demonstrated a patient centred focus to their work during our discussions with them. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>• The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> <li>• The practice were committed to team working and have for the past 19 years held the investors in people award.</li> </ul>	

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

Source	Feedback
Staff Team	<ul style="list-style-type: none"> <li>• Staff told us they felt well supported and valued.</li> <li>• Staff told us there were positive relationships across the staff team.</li> </ul>

## 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"> <li>• Structures, processes and systems to support governance were set out.</li> <li>• Data showed that the practice was performing similar to other practices locally and nationally for the care and treatment provided to patients.</li> <li>• Clinical staff used evidence-based guidance in the treatment of patients.</li> <li>• Audits were carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.</li> </ul>	

- The clinical system was used effectively to ensure patients received the care and treatment they required.
- The system for reporting and managing significant events and incidents was effective and we saw examples whereby the learning gained from the investigation of events had been used to drive improvements.
- Records showed that meetings were carried out to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff and staff we spoke with knew how to access these

## 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"> <li>We saw a range of clinical and administrative processes to monitor patient outcomes and internal administrative processes to understand performance and recognise where improvements could be made.</li> <li>The practice had a contract with a local firm of employment law solicitors and human resource advisors to support the leadership capacity.</li> </ul>	

## 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.</li> </ul>	

## 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
The practice had a PPG who consisted of a mix of patients including those with complex needs. We met with one member of the PPG and they gave us positive feedback about the practice and felt that the provider listened to and acted upon the views of patients.

Any additional evidence
Members of the PPG conducted drop in sessions across the two sites. They advertised when they would be in the practices and available to speak with patients. They gave the feedback to the practice staff for feedback and comments and then discussed at their PPG meetings. Comments and responses were posted on the PPG notice boards.  We saw evidence of questions asked and responses for example: -  Hearing Loop: - this would be an advantage for patients hard of hearing. Practice response was that they already had a hearing loop but would now refreshing all their posters for those not aware.  Displaying pictures from local children would brighten the waiting room: - the practice response was this was a good idea and would be discussing with the PPG

## Continuous improvement and innovation

**There were 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

Examples of continuous learning and improvement
There was collaboration and support across all staff and a common focus on improving quality of care

and

people's experiences. The practice philosophy was focused on ensuring patients had good access, which they attributed to their success in achieving high levels of patient and staff satisfaction. This was demonstrated by the high achievement in scores in patient outcome data and national patient survey results.

- The practice were committed to continually promoting GP and practice nursing as positive career choices.
- GP training
- Providing placements for medical students, nursing students and psychology students as well as the pilot of occupational therapy students in general practice.
- involvement in establishing a pilot for tele-psychiatry to improve the capacity to meet patient needs in a timely manner
- Working alongside local practices to develop a primary care network
- Take the lead in the creation of a DeepEnd Group in Plymouth. This group would be a network for GPs who are dealing with similar problems of health inequalities on a day to day basis. This may include complex multimorbidity, drugs and alcohol problems, and social isolation.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.