

# Care Quality Commission

## Inspection Evidence Table

### Dr C P Hughes and Partners (1-545866488)

Inspection date: 9 July 2019

Date of data download: 08 July 2019

## Overall rating: Good

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

### Safe

**Rating: Good**

We did not check whether this practice was providing safe services because our monitoring of the practice indicated no change since the last inspection. The rating from the last inspection has been carried forward.

### Effective

**Rating: Good**

At our last inspection we found the practice had breached a regulation, leading to a rating of requires improvement for provision of effective services. Our monitoring and an action plan sent to us by the practice identified improvement and action taken to address the breach. We therefore, checked that the practice had completed the improvements they said they would achieve. The practice is now rated good for providing effective services.

#### 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Implementation of new clinical guidelines was discussed at clinical team meetings to ensure consistent application of these guidelines.</li> <li>Our review of a sample of care plans showed these to be comprehensive and clearly written.</li> <li>All staff had received training to assist them in identifying potential serious illness, including sepsis. There was a protocol for non-clinical staff to follow when they suspected a patient may be suffering from a serious illness and needed prompt review by a GP or nurse.</li> </ul>	

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>	0.56	0.52	0.77	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with long-term conditions were offered 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 had adopted a different approach to managing the care of patients diagnosed with diabetes. This was called 'the year of care'. Data showed the practice was achieving the eight targets within year of care for this group of patients and that improvement in patients managing their diabetes was on an upward trend.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- Patients with asthma were offered an asthma management plan.

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>	85.1%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.9% (140)	13.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.8%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	24.6% (165)	10.7%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.1%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	21.0% (141)	13.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.7%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.4% (102)	5.6%	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>	93.1%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.6% (53)	11.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.5%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.1% (145)	4.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.4%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (18)	7.8%	6.7%	N/A

### Any additional evidence or comments

At our previous inspection in October 2018 we found that exception reporting rates (removal of patients from monitoring when they were either unable to tolerate the treatment offered or failed to attend for review) was higher than average for a number of indicators. For example, diabetes follow up. At this inspection we found the practice had undertaken a full review of their exception reporting system. It had been changed to avoid exception reporting until the end of the QOF year. This had resulted in a significant reduction in the number of patients who were exception reported. Data therefore identified that more patients were receiving their follow up treatment than in the past. For example:

- Unverified and yet to be published data showed exception reporting of patients diagnosed with diabetes had fallen to 1% from the previous average of 15%.
- Similar data showed a reduction in the exception rates for asthma reviews had been reduced from 9% to 2%
- The practice had maintained their 100% achievement of the indicators of care for patients with long term conditions in 2018/19 whilst reducing the numbers of patients removed from the indicators.
- The practice changes to exception reporting procedures had also resulted in a significant reduction in the numbers of patients removed from monitoring for their COPD condition. Unverified and yet to be published data showed only 2 patients (0.7%) out of 300 on the COPD register had been exception reported in 2018/19.

## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates were better than the World Health Organisation (WHO) targets.
- The practice contacted the parents or guardians of children who failed to attend for childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care and would liaise with health visitors when necessary.

- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	177	184	96.2%	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) <small>(NHS England)</small>	212	223	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	212	223	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	212	223	95.1%	Met 95% WHO based target (significant variation positive)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Any additional evidence or comments

- Whilst the uptake of childhood immunisations met WHO targets the practice ensured families that did not attend for immunisation were contacted and followed up.

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

Population group rating: Good

#### Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	77.0%	71.1%	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%	73.4%	69.9%	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)	61.5%	57.1%	54.4%	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)	80.2%	78.8%	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)	53.3%	59.9%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice had a system in place to follow up patients who did not attend for cancer screening.
- The range of appointments for cervical screening had been widened to include the opportunity to take up screening in the evening and at weekends.

#### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Data showed that 90% of these patients had attended for their health check in 2018/19.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- There were systems in place to identify patients with a caring responsibility and offer them support and advice when this was required.



**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.
- Same day and longer appointments were offered when 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 training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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>	97.1%	91.3%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	10.3% (16)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.2%	89.1%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.7% (12)	8.1%	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>	83.7%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (12)	5.0%	6.6%	N/A

**Any additional evidence or comments**

- Data yet to be verified and published showed the exception reporting rate for patients with long term mental health problems had reduced from 10% to 7%.
- The outcomes for all patients diagnosed with long term conditions were monitored by one lead GP. Action to ensure that patients attended for their reviews was delegated to the patients usual GP. The GPs worked with the administration team to ensure recall systems worked to bring patients in

for a review of their care plan.

## 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)	559.0	549.8	537.5
Overall QOF score (as a percentage of maximum)	100.0%	98.4%	96.2%
Overall QOF exception reporting (all domains)	8.7%	5.6%	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- A recent two cycle audit to check if patients with a diagnosis of prostate cancer had received an appropriate blood test to inform future treatment. Between March and June 2019, the audit identified 37 out of 147 patients had no record of the blood test in their records. GPs were asked to review the records for their patients and either arrange for the blood test or obtain results from the local hospital if the blood test had been requested by a hospital doctor. The audit was run again in July 2019 and within one month the number of patients without a record of the blood test had fallen by 13 to 24. Treatment of these patients could be more effectively evaluated and planned based on the blood test results.
- Another audit was carried out over two cycles to evaluate whether appropriate treatment and follow up was offered to women diagnosed with gestational diabetes (high blood sugar during pregnancy that usually disappears after birth). The first audit identified 75% had an appropriate test and post birth test to check blood sugars. GPs were reminded to follow the clinical guidelines and ensure the blood sugar test was carried out. The repeat of the audit after three years found that 100% of women with gestational diabetes had received the appropriate tests as part of their care.

## Any additional evidence or comments

At our last inspection we found the practice had completed a number of audits. It was not clear how the outcome of audit had improved patient care because the information relating to follow up audits did not always identify outcomes. At this inspection we found evidence of improvements and second cycle audits that recorded outcomes.

- All GPs were allocated time to carry out clinical audits. This time was built in to their work schedules.
- Staff were encouraged to take part in reviewing quality of the service provided. For example, the nursing team reviewed the effective use of long acting contraceptive implants.
- We reviewed the summary of 23 audits carried out in the last three years.
- Audits were carried out for a variety of reasons on a variety of topics. For example, audits following significant events, audits as a result of medicine safety alerts and audits to confirm guidelines were followed.
- Some audits were repeated every year. For example, auditing dispensing errors. As a result of audit and strong focus on error reduction we saw data that showed dispensing errors had reduced in the last 10 years from 100 in 2009 to 40 in 2019.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We reviewed the practice training programme and identified that staff received training relevant to their roles and responsibilities.</li> <li>There was a system in place to ensure that staff undertook training identified by the practice as necessary on a scheduled basis.</li> <li>Staff we spoke with told us they could access additional training to enhance their skills and that this training was supported by the practice.</li> <li>We reviewed one of the checklists used for induction of new staff.</li> <li>There was evidence that appraisals took place on an annual cycle and that staff who required mentoring received this support.</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)	Yes

(QOF)	
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Health Visitors, Midwives and District Nurses who worked with the practice to support patients held secure login access to the practice patient records. They were able to obtain information from records to provide coordinated care to patients and to update the records with details of the advice and care they had provided to practice patients.</li> <li>• Care plans were securely uploaded to the out of hours provider. If patients required care and treatment when the practice was closed, the out of hours service could access records to provide safer and more effective advice and treatment.</li> </ul>	

## 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
Patients had access to appropriate health assessments and checks.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since our last inspection in October 2018 the practice had installed a machine for patients to take their own blood pressure. Results of the test were handed to staff and if necessary, followed up by GPs.</li> <li>• Staff had completed 90% of annual health checks, in the last year, for patients diagnosed with a learning disability.</li> <li>• Health care assistants were trained to undertake NHS health checks and any concerns identified from these checks were referred immediately to GPs for follow up.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.2%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.7% (63)	0.7%	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
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• We reviewed a sample of how the practice recorded consent to the removal or fitting of intra uterine contraceptive devices (COILS). The sample was clear and comprehensive.</li><li>• Written consent was also required for minor surgical procedures.</li><li>• Staff we spoke with were clear on the legal requirements relating to consent from patients aged under 16. They also gave us clear examples of when they would assess the capacity of patients to understand treatment and make decisions about their care.</li></ul>	

## **Caring**

**Rating: add rating here**

**We did not check whether this practice was providing caring services because patient feedback and monitoring indicated no change since the last inspection. The rating from the last inspection has been carried forward.**

## **Responsive**

**Rating: Good**

**We did not check whether this practice was providing responsive services because patient feedback and monitoring indicated no change since the last inspection. The rating from the last inspection has been carried forward.**



## Well-led

## Rating: Good

Our monitoring of the practice identified improvements in management systems and developments in governance at the practice. We reviewed these at this inspection. The practice remains rated good for provision of well-led services.

### 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 staff we spoke with told us that GP partners and senior managers shared the aims and objectives of the practice with them and promoted a culture whereby staff could share ideas and comment upon future strategy.</li><li>• Staff said that GP partners were approachable and quick to support them when appropriate.</li><li>• There was a succession plan which came into effect upon the retirement of the previous senior partner. The practice was successful in recruiting GPs who had previously trained at the practice into either salaried GP or GP partner roles. Mentoring and coaching identified those who wished to progress and expand their responsibilities. Salaried GPs were encouraged to take lead roles within the practice to enhance their experience.</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
Explanation of any answers and additional evidence:	

- One of the partners was allocated protected time to monitor quality of provision of service.
- The practice strategy was kept under review. For example, the likely effect of an increase in practice registered population arising from a new housing development was mapped. Therefore, when two salaried GPs, who worked the equivalent of five days a week left, the practice recruited new salaried GPs to cover eight and a half days of clinics. The number of partner sessions was increased by two (equivalent to one day) when one partner retired, and a new partner joined.
- Staff we spoke with knew the practice aims and objectives and were proud to tell us how they played their part in improving and sustaining high quality care. For example, staff played their role in administering the recall programmes to invite patients for their health checks.
- The practice had joined a primary care network with two other local practices. The three practices had developed their governance arrangements and had commenced working on projects to enhance provision of primary care services. For example, recruitment of a social prescriber and a clinical pharmacist to supplement the current practice teams was a priority.

## 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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff we spoke with were clear in their responsibility to report any behaviour inconsistent with the values of the practice. They also knew that they had access to a freedom to speak up guardian at a neighbouring practice if they wished to raise a concern with an independent person.</li> <li>• We saw examples of the practice reviewing significant events and complaints. Responses to patients affected by events and complaints were detailed and clear. The review of events considered levels of risk and followed the requirements of the duty of candour.</li> <li>• The staff handbook contained the practice performance procedures to enable managers to address any work performance issues consistently.</li> <li>• Staff we spoke with understood their role in ensuring all patients were treated equally. There were systems in place to meet the needs of those patients that required reasonable adjustments to enable them to access services. For example, double appointments or home visits for those who found it difficult to attend the practice. This included undertaking annual health checks at home for people with a learning disability.</li> </ul>	

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

Source	Feedback
Interviews with staff	The staff we spoke with all told us they were proud to work at the practice. They described how they were supported by leaders to achieve high quality in the work they undertook. Staff also told us they could access training relevant to their role and were encouraged to expand their skills and expertise.
Interviews with staff.	Staff told us how their suggestions and comments influenced the way in which the

	practice provided services to patients. For example, nursing staff found there was insufficient time allocated for administering a full course of travel vaccinations. This resulted in a patient being given one vaccine by another nurse. After discussion with the GP partners and managers the clinic timings were changed to give nurses more time for travel vaccination consultations.
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## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice kept lead roles under review and involved all senior staff in leadership roles or projects whenever this was appropriate, or staff expressed an interest in specific topics. There was evidence of GPs being given time to carry out their leadership and project management roles. For example, time was allocated to monitor and manage quality matters and to review the effective follow up of patients diagnosed with long term conditions.</li> <li>All staff had job descriptions that were reviewed during their annual appraisals. Staff we met with were clear about their roles and how changes to their duties were always agreed with them.</li> <li>There were clear arrangements for information sharing with other health organisations and commissioners. Data protection arrangements were appropriately managed when sharing information.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had an audit programme in place. GPs were given protected time to carry out clinical audits. Staff in all disciplines were encouraged to undertake audit and quality improvement initiatives.</li> <li>• The practice business continuity plan incorporated how the practice would respond to a major incident.</li> <li>• Leadership team meetings were held regularly. Practice performance and review of quality were discussed at this forum. There was a lead GP responsible for review and maintenance of quality standards.</li> <li>• Health and safety systems and processes in place incorporated identification and management of risks. For example, there was a risk assessment and completed action plan arising from the last audit of control of infection.</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
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Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice used a variety of data to review and improve performance. For example, prescribing data supplied by the CCG was used to identify if the practice was meeting prescribing guidelines and targets. This data was also used to review and guide prescribing of antibiotics.</li> <li>Significant events were clearly recorded and used as learning to reduce the risk of similar events occurring in the future and to identify any trends in such events.</li> <li>Data from the QOF incentive scheme was reviewed to ensure patients with long term conditions received appropriate follow up care and treatment.</li> <li>Benchmarking data from the CCG was also used. For example, when this data identified patients diagnosed with diabetes had not received the eight specified care processes the practice took action to recall the patients and carry out the processes.</li> <li>There was a commitment to reducing risk. Since the October 2018 inspection the cold chain policy had been updated and staff trained to ensure medicine fridge temperatures were accurately recorded and knew what to do if a fridge temperature went above or below recommended temperature ranges. (The cold chain is a system to maintain vaccines and medicines that require refrigeration within the appropriate temperature range and ensure they are fit to use).</li> <li>The management of patients prescribed high risk medicines had improved with the introduction of more stringent procedures to reduce the risk of prescribing without appropriate tests being completed to inform correct dosage or continued prescribing.</li> </ul>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There were controls built in to the online records system to prevent unauthorised access.</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
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All sources of feedback from patients were positive. However, the practice continued to seek improvements by recruiting more clinical staff to avoid patients waiting too long for pre-bookable appointments.</li> <li>The practice worked with the CCG to identify and respond to challenges in providing sustainable services. The practice had a plan to extend the building and release more ground floor space for consulting rooms. The plans were awaiting formal planning approval and if successful would enable the practice to accommodate an increase in registered patients.</li> <li>Staff gave us examples of how they were kept informed of the practice developments and contribute ideas on how the practice could improve. For example, staff were involved in a project to improve the flow of incoming information from hospitals and clinics.</li> </ul>	

### Feedback from Patient Participation Group.

Feedback
<p>We spoke with one member of the patient participation group (PPG). They told us about their close working relationship with the practice and how practice leaders took an interest in the work of the PPG. The PPG had a focus on working with the practice on health education and health promotion events. We learnt about three events in the last year which covered the topics of men's cancer, healthy eating and exercise for diabetics and how to live with mental health problems. All events had been attended by over 50 patients, relatives and members of the local community. The next project for the PPG was to organise a Health Fayre covering a wide range of health topics. We were given an example of the PPG considering individual patient concerns and supporting the patient to take up their concerns with relevant organisations.</p>

## Continuous improvement and innovation

There were 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"><li>• Clinicians were allocated time to carry out audit and quality improvement initiatives.</li><li>• There was a quality lead in the practice who was allocated time to review processes and outcomes.</li><li>• Mentorship was in place for salaried GPs.</li><li>• Learning was shared via team briefing structures and via team meetings.</li></ul>	

## Examples of continuous learning and improvement

- Adopting the year of care programme for patients diagnosed with diabetes had improved outcomes for this group of patients.
- Refresher training for all staff involved in providing care and support to patients with long term conditions.
- Staff had been trained as care navigators to support patients who needed to access a range of services.
- Action logs had been introduced to track progress and outcomes when changes to the service or new developments took place.



## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation 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.