

Care Quality Commission

Inspection Evidence Table

Links Medical Practice (1-5344997657)

Inspection date: 13 June 2019

Date of data download: 15 May 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
<ul style="list-style-type: none">There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff demonstrated a clear awareness of their responsibilities around reporting incidences if they suspected a concern. The practice had policies and processes to support staff in this area and staff were clear on how they accessed these policies. • 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. • All staff had completed safeguarding training level three. In addition, all staff had completed IRIS (Identification and Referral to Improve Safety) training for domestic violence. The practice could evidence they were one of the first practice across Dudley to complete the training and install alerts on their systems. Since May 2019, five referrals had been made to the domestic violence services. • The practice initiated their own Safeguarding multidisciplinary meetings with a school nurse and health visitor. They set up an arrangement with adult social care to have a linked social worker where they can refer patients directly. In addition, they had created alerts on their system for vulnerable adults and children with safeguarding history. We saw evidence from the local safeguarding team which commended the practice on the level of recording and evidence for their safeguarding processes. 	

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"> • Policies and procedures were in place to support the recruitment and induction of staff. We saw evidence in staff recruitment files of interview schedules, job descriptions and induction schedules to support this. The practice had evidence of all staff medical indemnity insurance as well as the appropriate vaccinations in line with Public Health England. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 10/07/2018
There was a record of equipment calibration. Date of last calibration:	Yes 11/3/2019
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:	Yes January 2019
There was a log of fire drills. Date of last drill:	Yes 17/01/2019
There was a record of fire alarm checks. Date of last check: Weekly testing on Mondays	Yes 10/07/2019
There was a record of fire training for staff. Date of last training:	Yes 11/05/2018
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 27/06/2018
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Actions from the previous fire risk assessment had been completed which included new signage and fire extinguishers at each end of the building. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 31/01/2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 31/01/2019
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice told us that it was all staff's responsibility to act as fire marshals. Fire extinguishers 	

and notices were located at each end of the building with fire notices.

- A Legionella risk assessment had been completed and water testing was carried out on a weekly basis.
- The practice had completed assessments in place for the control of hazardous substances (COSHH).

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:	25/07/2018
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a lead nurse for infection control and the last audit had been completed in July 2018. Actions identified and completed included repair to the damage paintwork in the nursing room and to replace a sink plug. • There was a 'no touch' policy for handling clinical specimens. 	

Risks to patients

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

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
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Explanation of any answers and additional evidence:

- Staff we spoke with demonstrated that they understood how to prioritise patients who reported signs and symptoms of sepsis. All staff had completed sepsis training relevant to their role. We also saw information on display to guide staff on how to manage patients presenting with sepsis symptoms.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice held monthly multidisciplinary team meetings (MDTs) which were attended by junior doctors, social prescriber, social worker, case manager, district nurses and palliative nurse. We spoke to members of the MDT during our inspection who told us that the practice was very open and organised in its approach to managing and coordinating patients care and needs. Feedback was very positive about the way in which the practice had built relationships with external organisations. The practice also told us they have extended their MDT meetings to the ambulance service, respiratory consultant and diabetes consultant. 	

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>	0.68	0.92	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	3.0%	5.7%	8.7%	Significant Variation (positive)
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>	4.49	5.16	5.60	Tending towards variation (positive)
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>	1.93	1.84	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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"> • The practice pharmacists supported the clinical team with the management of patient's medicines, including regular reviews and audits to ensure appropriate prescribing. The practice maintained a review of antimicrobial stewardship through clinical audit, sharing, learning and reflection at clinical meetings. The practice could evidence that there had been a reduction by 10% in antimicrobial stewardship in the last twelve months. • The practice used a medicines optimisation tool to monitor and review patients on high risk medicines. Audits were an integral part of the management of medicines and the practice carried out a range of audits to monitor the appropriate management of medicines. For example, fentanyl (opioid) audit, NSAID prescribing (anti-inflammatory and benzodiazepine prescribing (tranquilizers)). • The practice could evidence that they had completed an opiate prescribing audit which had demonstrated a significant reduction of 30% in their repeated opiate prescribing in four months. They could demonstrate they were seventh across the Dudley CCG in their prescribing and at the time of the inspection were working with the CCG to replicate the work in other practices across 	

Medicines management**Y/N/Partial**

Dudley.

- The practice could evidence that their prescribing data showed significant positive variation. For example, the practice had no hospital admissions due to medicines (HARMS) for the past twelve months and they could demonstrate they had good outcomes for their prescribing efficiencies.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	16
Number of events that required action:	16
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff understood their duty to raise concerns and report incidents and near misses. Staff were supported by management and GPs when they did so. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. 	

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

Event	Specific action taken
Cold chain breach. A bag containing five flu vaccinations were left out overnight.	Public Health England was notified. The process was reviewed and all cool bags containing vaccinations are to be returned to reception at the end of each clinic. Receptionist are to check each consultation room at the end of each day. Refresher training given to reception staff for the flu season and all trainee GPs to undergo thorough training in the cold chain breach.
Confidential waste from the midwife was found in the general waste bin.	The midwife was informed, and the confidential waste was shredded. Data protection was reviewed to be included in all induction for staff and visitors entering the building.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes

Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• There was a policy and process for receiving and acting on safety alerts. These were received by the practice manager. The information was reviewed and cascaded to the relevant clinicians. All alerts were recorded on the practice intranet and discussed in clinical meetings. We saw evidence of a recent alert for changes to fluoroquinolone (antibiotic) and the appropriate action taken by the practice.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw evidence of up to date guidelines to support best practice. These were available on all computers, in addition clinical protocols were available in all rooms. 	

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>	0.68	0.84	0.79	No statistical variation

Older people

Population group rating: Good

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

- Health checks were offered to patients over 75 years of age. The practice could evidence that they had offered all 128 patients a health check and 104 had attended for a review.
- The practice could evidence that their flu coverage uptake was 76% which was above the local average of 70%.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice could evidence that all of the 887 patients had been invited for an annual review with 722 of patients attending.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice held 'Thrive into Work' appointments at the practice. The practice could evidence that they had the third highest referral rates and were in the top 2% of practices to support patients in the Black Country returning back into work.

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>	88.4%	76.9%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	14.3% (36)	7.3%	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>	69.4%	70.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.9% (35)	8.3%	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>	88.1%	77.3%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	10.0% (25)	9.8%	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>	74.0%	71.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (1)	4.0%	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>	80.7%	83.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	5.3%	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>	76.2%	80.8%	82.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.3% (19)	3.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.9%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (3)	5.6%	6.7%	N/A

Any additional evidence or comments

Although data is available on the practice nationally through the quality outcomes framework, Dudley CCG have their own quality outcomes for health framework (DQOFH) that is different from the national quality outcomes framework (QOF) and therefore comparisons of DQOFH with national averages were not available.

The practice could evidence that their DQOFH data for patients with long term conditions was higher than national QOF data.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target of 95%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	44	45	97.8%	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>	51	51	100.0%	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>	50	51	98.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	51	51	100.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- The practice followed up non-attenders with a call or letter and liaised with the health visitor to promote uptake.

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)	68.9%	71.0%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.6%	70.4%	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)	42.7%	52.4%	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)	36.4%	50.3%	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)	33.3%	50.3%	51.9%	No statistical variation

Any additional evidence or comments

- We reviewed the data for cervical screening as this was 68.9%, which was below the 80% coverage target for the national screening programme. The practice discussed the processes undertaken to encourage attendance. For example, receptionist supported clinical staff for recalls and follow ups were put on patients notes to prompt discussion when attending for routine appointments. We saw evidence that this was routinely discussed in practice meetings and there was a process for call and recall of patients who have repeatedly defaulted screening. In addition, the practice provided us evidence that they had increased their cervical screening rates by 3.2%.
- We discussed the number of new cancer cases as this was below the national average of 51.9%. We discussed the level of social deprivation and ethnicity as a potential barrier and the practice had been proactive in engaging with the community such as the Parkrun and asking the public to make a pledge which included screening. We saw evidence throughout the practice on public campaigns and leaflets to support this. There was alerts on notes and opportunistic screening, as well as continuous monitoring and review of this. The practice showed us current unpublished data that their rates for cancer reviews and two week wait referrals had improved. In addition, an audit had been completed during 2018 and 2019 which evidenced the practice are above average for detecting and referring cancers.

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, asylum, refugees, substance misusers and those with a learning disability.
- The practice could evidence that all 10 patients had completed a learning disability review in the past twelve months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Outstanding

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice had set up and implemented a questionnaire for patients with autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) to support referrals to the appropriate service.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- The practice hosted weekly clinics held by a community mental health nurse.
- 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.
- The practice offered an in-house service for diagnosing dementia and could evidence that they had detected 100% of their predicted dementia prevalence. The practice also initiated dementia medicines for patients in-house which reduced delays to secondary services. The practice could evidence that twelve patients had received a dementia review and all of these patients were offered a referral to The Alzheimer's Society or Dudley Adult Social Care Team.
- All staff had received dementia training in the last 12 months. The practice was a dementia friendly practice.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	0.0%	13.6%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	68.3%	66.5%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	5.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	50.0%	33.1%	83.0%	Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	9.5%	6.6%	N/A

- Although we found that the National QOF outcomes for mental health indicated negative variation we reviewed the local CCG data (DQOFH) for mental health indicators for the practice and found that:

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of people with a diagnosis of severe mental illness who have a mental health review in the last 12 months (DQOFH)	69.5%	31-62%	N/A	No statistical variation
The percentage of people with a diagnosis of severe mental illness who have a cardiovascular disease risk assessment in the last 12 months (DQOFH)	82.9%	39-85%	N/A	No statistical variation
The percentage of people with a diagnosis of dementia whose care plan has been reviewed in a face to face dementia review in the last 12 months (DQOFH)	91.6%	35-70%	N/A	Significant Variation (positive)

Any additional evidence or comments

- During 2017 to 2018 the dementia annual review was not being assessed by Dudley CCG due to the transition to Dudley Quality Outcomes For Health (DQOFH). However, the practice could evidence that all of the eleven patients had completed an annual review.

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.

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

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

<ul style="list-style-type: none">• The practice had completed a two-cycle audit for opiate prescribing. The audit found that 70 patients had more than one prescription for any opiate in the previous 6 months. Of the 70 patients, 23 patients that had the highest overall doses of opiates were recalled. The audit was repeated and despite the increase in the patient list size the practice had seen a one third decrease in the number of opiates prescribed.
<ul style="list-style-type: none">• An audit was carried out to ensure that the practice was safe and effective in delivering its minor surgery to patients. Results found that joint injections were well tolerated with a 99% success rate.

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"> The practice could evidence that all staff had received an up to date appraisal. This was diarised and managed by the practice manager on a rolling basis. The Health Care Assistant had completed the Care Certificate for Health Care Assistants and was currently being supervised by the practice nurse. There were plans for the HCA to become a nurse associate. In addition, the GP provided clinical supervision to the practice nurse every three months. 	

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	Yes

and organisations, were involved in assessing, planning and delivering care and treatment.	
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"> The practice held monthly MDT meetings to review palliative care patients and discuss frequent attenders at accident and emergency. Flags were put on patients who were frequent attenders and were invited in to the practice to draw up appropriate behaviour contracts. In addition, urgent care patients were discussed with reception staff and patients were prioritised for GP appointments and telephone consultations to avoid being directed to the urgent care centre. The practice could evidence that they completed an additional 123 telephone consultations during this time and had seen a 30% reduction in urgent care appointments in the last six months. 	

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:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of people coded with a long-term condition receiving a documented assessment of smoking status in the last 12 months <small>(DQOFH)</small>	90.3%	76-86%	N/A	No statistical variation

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
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice supported patients by prioritising death notifications for cultural or religious reasons. For example, the GPs completed home visits during the weekend to issue death certificates if requested. 	

CQC comments cards	
Total comments cards received.	9
Number of CQC comments received which were positive about the service.	9
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	All 9 comments cards that were completed in the two weeks prior to our inspection provided positive feedback about the care patients received. Patients told us that the practice was friendly, caring, helpful, understanding and compassionate. They reported that appointments were easy to obtain, and they did not have to wait long.
Patient discussions	All of the patients we spoke with on the day of inspection were complimentary about how staff treated patients. They told us they could always obtain an appointment when they needed one and that they never felt rushed during appointments.
NHS Choices	The practice had achieved 4.5 stars out of five from eleven NHS Choices reviews. Feedback included that the practice was an excellent service, patient, caring and understanding.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4136	414	115	28%	2.78%

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)	81.5%	89.4%	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)	78.6%	87.6%	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)	91.2%	96.2%	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)	83.0%	84.2%	83.8%	No statistical variation

Any additional evidence or comments

The practice had carried out a three-cycle audit on waiting times after arrival since 2015 following the patient survey feedback. The audit analysed appointments waiting for more than 20 minutes. The practice reviewed the information and have reduced this from 17% to 10.7%. The practice continued to discuss this in meetings and review their appointment availability.

Recent published survey results for 2018 – 2019 had seen an increase in patient satisfaction as follows:

- The practices healthcare professional was good or very good at listening to them = 89%
- The practices health professional treating them with care and concern = 88%
- Confidence and trust in health professional they saw or spoke to = 97%
- Overall experience of their GP practice = 91%

Question

Y/N

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

Yes

Any additional evidence

The practice completed a monthly 'Friends and Family' satisfaction audit. Data showed that 88% of patients were likely to recommend the practice to friends and family.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had developed a learning disability pack for all staff to access in the practice. This included flashcards, pictures and large print literature to support patients during consultations. 	

Source	Feedback
Interviews with patients.	We interviewed three patients who were positive about aspects of care and told us they felt fully involved in their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	88.0%	93.5%	93.5%	No statistical variation

Any additional evidence or comments

Recent published survey results for 2018 – 2019 had seen an increase in patient satisfaction for decisions about care and treatment from 88% to 91%.

	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"> • The practice waiting area had a number of leaflets and noticeboards available to patients such as cervical screening information, healthy initiatives, mental health and domestic violence and community event programmes. Information leaflets were available in other languages. • A chaperone sign was visible in different languages. • Free Wi-Fi was available for patients. • Clinicians at the practice spoke several languages which included Hindi, Gujrati, Punjabi, Urdu, Arabic and Malayalam. Some signage in the practice was visible in different languages, for example; chaperoning. In addition, the practice offered a translation service and longer appointments if needed. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> • The practice identified 122 carers which represented 3% of the practice list size.
How the practice supported carers.	<ul style="list-style-type: none"> • Information was on display in the waiting area that had information on support groups and services. Carers were called in for annual flu immunisation and for annual health checks.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • Information on bereavement services was available in the patient waiting area. The GPs either followed up a telephone call and sent a condolence card to the family. • The practice were aware of religions where death certificates were needed as soon as possible and would be happy to facilitate this out of hours. • At the time of the inspection the practice had recruited a chaplain to support patients with loss or illness and were in the process of rolling this out in the primary care network.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice reception desk was set back from the reception waiting area and there was a divider between the two reception desks to promote confidentiality. Staff we spoke with recognised patients' dignity and respect and told us they could use a private room if patients wanted a private discussion or were upset. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	Links Medical Practice
Monday	8am – 7pm
Tuesday	8am – 7pm
Wednesday	8am – 7pm
Thursday	8am – 6.30pm
Friday	8am – 7pm
Saturday (Links Surgery Only)	9am – 11.30am
Appointments available:	Links Medical Practice
Monday	9am – 12pm and 3pm to 6.50pm
Tuesday	9am – 12pm and 3pm to 6.50pm
Wednesday	9am – 12pm and 3pm to 6.50pm
Thursday	9am – 12pm and 1pm to 5.20pm
Friday	9am – 12pm and 3pm to 6.50pm
Saturday (Links Surgery Only)	9am – 11.30am
Opening times:	Hazel Road (Branch Surgery)
Monday	9am – 11am and 5pm to 7pm
Tuesday	9am – 11am and 5pm to 7pm
Wednesday	9am – 11am and 5pm to 7pm
Thursday	9am – 11am
Friday	9am – 11am and 5pm to 7pm

Appointments available:	
Monday	9am – 11am and 5pm to 6.50pm
Tuesday	9am – 11am and 5pm to 6.50pm
Wednesday	9am – 11am and 5pm to 6.50pm
Thursday	9am – 11am
Friday	9am – 11am and 5pm to 6.50pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4136	414	115	28%	2.78%

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)	92.4%	95.1%	94.8%	No statistical variation

Any additional evidence or comments

Recent published survey results for 2018 – 2019 had seen an increase in patient satisfaction at their last GP appointment in their needs being met from 92.4% to 99%.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- All patients over the age of 75 were offered a telephone triage.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- The practice offered a one stop clinic for patients with multiple conditions, so they had their needs reviewed in one appointment.
- Patients with long term conditions were given a named GP and home visits were available.
- The practice offered enhanced and advanced practice for diabetes care which includes diabetes initiation.
- The practice held 'Thrive into Work' appointments at the practice. A vocational specialist was available in the practice weekly to support patients with long term conditions back into work.
- 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

- Appointments were available until 7pm throughout the week for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice could refer patients to local family planning services for coils and contraceptive implants.
- The practice building was suitable for children and babies with changing and feeding facilities.
- All pregnant women were offered an appointment with a GP, as well as a midwife in the surgery.
- The practice were a Parkrun practice.
- The practice had been awarded Star Practice in 2018 for their project with schools for the 'The Daily Mile'. This resulted in 1200 children running a mile a day routinely to reduce childhood obesity and improve health life expectancy.

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 was open until 7pm four days per week. Appointments were available every Saturday 9am until 11.30am.
- The practice offered minor surgery for the removal of non-malignant skin lesions and a range of joint injections.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, asylum seeker, refugees, substance misusers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice acted as a distribution point for food vouchers for the Black Country Food Bank. They were also a collection point for donations. The practice could evidence that they had distributed 28 food vouchers since November 2018.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments were available, and appointments were coordinated with the GP and nurse to reduce the number of visits to the practice.
- All staff in the practice had completed domestic violence training. There was literature available throughout the practice.
- The practice had established a linked social worker to work directly with the practice to support vulnerable patients.
- The practice had developed a learning disability pack for all staff to access in the practice. This included flashcards, pictures and large print literature to support patients during consultations.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. All staff had completed training in the mental capacity act.
- A mental health nurse ran weekly clinics at the practice.
- The practice have established a chaplaincy 'Listening and Guidance Service' held weekly to run alongside the mental health support services. At the time of the inspection the practice were in the process of rolling this out in the primary care network.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice was a dementia friendly practice and a GP had an interest in dementia. There was good signage throughout the practice and the floors in consultation rooms had been designed to support this.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a home visiting protocol in place. All requests for home visits were triaged by a GP and if deemed appropriate a home visit was carried out. The practice could evidence that despite a 31% increase in patients during the last 14 months, patients benefitted from good access to appointments. The practice were currently working above their required contract by offering an additional 39 appointments per week to its patients. 	

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)	92.3%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	73.9%	63.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	72.9%	64.5%	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)	76.8%	73.0%	74.4%	No statistical variation

Source	Feedback
Discussions with patients	Patients we spoke with on the day of inspection reported they were able to get an appointment when they needed and that appointments tended to run on time.

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.	18
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	18
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"> All complaints were managed by the practice manager. We saw evidence of complaints leaflets available in the reception area. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that their painkillers are repeatedly declined when requesting this on repeat prescription.	The GP contacted the patient to discuss the matter further. A repeat prescription was issued and sent to the pharmacy. The practice discussed this further to ensure all planned drug reductions are clearly documented on the clinical notes.
A GP reviewed a patient's blood test incorrectly. The practice realised the mistake, but the patient had already had this repeated unnecessarily.	The patient was offered an apology and explanation for reassurance. The process for reviewing blood tests was reviewed in the practice with clinicians and reception staff.

Well-led

Rating: Outstanding

We rated the practice as outstanding for well-led services because:

- Despite significant uplift in patient numbers since 2014, the practice has maintained and improved its performance in terms of clinical outcomes and patient satisfaction, both in the terms of quality and accessibility of services.
- The practice were continually reviewing ways to improve their service and were working closely with the local commissioners to share their improvements for the benefit of the area.

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:

- The leadership team were united in their commitment to deliver person centred care to their patient population. They effectively used the skills and abilities of their staff team and the resources available in the local community to provide accessible care, treatment and support to their patients. For example, the practice are the only voucher holder in the area for the Black Country Food Bank and during the past six months 28 patients had benefitted from this service.
- There was a strong leadership team with clear roles, responsibilities, lead areas and values. Staff we spoke with told us how the leadership team provided clear direction and guidance which impacted on a positive working environment.
- The practice leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges affecting their patient population and the local area population and were passionate in involving patients in the management of their own health and wellbeing.
- The practice had regular leadership meetings for succession planning which included the future retirement of senior GPs. The practice regularly reviewed their staffing levels to ensure there was adequate cover against appointment availability.

- The practice were regularly reviewing their clinical and non-clinical data to support the growth of the practice population. The practice could evidence that they had undertaken a staffing reorganisation for efficiency and expansion. This had involved moving premises and recruiting additional staff. The practice regularly reviewed its data and had employed an external organisation to support the staffing needs and consider the needs of the population. A GP and administrators had undergone external training to support the workflow of the practice. In addition, the practice implemented an extensive process of audit to ensure that document management personnel are practising in accordance with the written protocols and standard operating procedures (SOP's).

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:	
<p>The practices vision was:</p> <ul style="list-style-type: none"> • To provide the highest quality, evidence-based health care services, caring holistically for the individuals and population that they serve. <p>Its core values and purpose were:</p> <ul style="list-style-type: none"> • To identify any weaknesses, innovate and develop in response to medical advances, local priorities, the needs of the population and the feedback that they actively receive. • They will provide the broadest range of services to patients on-site with a focus on maintaining excellent access. • As a training practice they will model and teach the skills and values inherent in excellent General Practice and do their job with a smile. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had clear policies and procedures accessible to all staff around whistleblowing. Staff were able to raise concerns in confidence or in staff forums and were encouraged to do so. In addition, staff were regularly asked about ideas to improve the practice. Staff felt they were well supported in their roles and were able to share any concerns with the leadership team. Staff felt that there was an open-door policy and staff were approachable and worked together to achieve the best possible outcomes for their patients. The practice manager was very accessible and there was an open-door policy in place. The practice held regular meetings with staff to ensure there was a good flow of communication. There was a focus on staff wellbeing with regular welfare meetings if required. The practice had recently recruited a GP chaplaincy in General Practice who was available one day per week for patients with issues such as loss, bereavement or physical health issues. This service was also extended to staff to access for additional welfare support. At the time of the inspection, the practice had begun to gather feedback as part of their plans to roll this out amongst the primary care network. 	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff told us there was a supportive culture with an open-door policy. Staff felt able to raise concerns and felt the management team were very approachable, considerate and would address any issues. Staff told us they felt that the managers were leading the practice well. Staff felt they were treated equally and were given opportunities to develop further.

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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"> • The practice was an out of area lead practice for the Dudley area and had systems and processes to carry out home visits to patients who were out of area at their registered GP. • Structures, processes and systems to support good governance and management were well established, clearly set out, understood and effective. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness. • Governance arrangements were proactively reviewed and reflected best practice. Clinicians had clinical leadership responsibilities, and this included ensuring information and best practice guidance was up to date and accessible to the whole practice team. • The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. • Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. 	

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"> All staff had a printed copy held off site of the business continuity plan which included a telephone cascade in the event of an emergency. The practice was a high achiever in the Dudley quality outcomes framework for health (DQOFH) and had achieved 99.9% in 2018/19. 	

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"> Quality and operational information was used to ensure and improve performance. The practice could evidence that they had taken steps to reduce their opiate prescribing by 30% in four months. In addition, they had no hospital admissions due to medicines (HARMS) for the past 	

twelve months, had good outcomes for their prescribing efficiencies and had seen a 30% reduction in urgent care appointments in the last six months.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice worked with services to support patient's needs. For example, they had initiated their own safeguarding multidisciplinary meetings and set up an arrangement with adult social care to have a linked social worker.
- We saw evidence that the practice was commended in their processes from safeguarding services and were working with the CCG to model aspects of their best practice with other practices within the area.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had regularly engaged in the community by attending local churches, mosques and fetes and schools in the local area. The CCG had recognised the work the practice had taken to reduce their prescribing efficiencies and were working with the practice to model this across the area. 	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the PPG who told us that the practice were very open and honest about the developments in the practice. The group met quarterly and had supported the practice in making improvements in the surgery such as reviewing the disabled access and reviewing patient survey results and giving feedback on ways to improve. For example, appointment access.

Any additional evidence

The practice had received positive feedback from Public Health England on their high uptake for flu vaccination rates during 2018/19 despite significant deprivation.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was a training and research practice and regularly undertook one piece of research per year. For example, a research into coughs and colds in children. The practice were routinely reviewing the needs of their population to support their patients. They proactively worked with organisations such as Thrive into work, local schools and social workers to support patients' outcomes. They regularly undertook audits to support best practice for 	

example, reducing their opiate prescribing by 30% in a four-month period and introducing a chaplaincy service to support patients suffering with bereavement and mental health issues.

Examples of continuous learning and improvement

- The practice had been awarded Star Practice in 2018 for their project with schools for the 'The Daily Mile'. This resulted in 1200 children running a mile a day routinely to reduce childhood obesity and improve health life expectancy in the local area. In addition, the practice had negotiated a fairer contract with NHS property services which impacted on fairer contracts across multiple other practices.
- The practice and a GP had recently been appointed as the primary care network (PCN) lead and clinical director and were in the process of setting up and initiating services to support patients in the locality. For example, the role out of a chaplaincy service across the PCN.

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

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

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

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

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

Glossary of terms used in the data.

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