

Care Quality Commission

Inspection Evidence Table

BG HEALTH (M85159)

Inspection date: 12 June 2019

Date of data download: 12 June 2019

Overall rating: Good

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. The ODS code used is linked to the branch practice and although shared with the main practice CQC records were not updated to reflect this. The data used to populate this Evidence Table covers both the main and branch practice. Sources are noted for each data item.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to safeguard patients from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence:	
An administrative staff supported the safeguarding lead in organising safeguarding meetings and ensuring the risk register was up to date.	
Some of the staff had had received Identification and Referral to Improve Safety (IRIS) training and a support worker attended the practice, to help improve the referral rates for victims of domestic violence and abuse to appropriate support services.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence:	

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: August 2018 Griffins Brook Medical Centre (BG Health) March 2018 Bunbury Road Surgery	Y
There was a record of equipment calibration. Date of last calibration: August 2018 Griffins Brook Medical Centre March 2019 Bunbury Road Surgery	Y
There were risk assessments for any storage of hazardous substances for example, liquid	Y

nitrogen, storage of chemicals.	
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: April 2019 - Griffins Brook Medical Centre September 2018 - Bunbury Road Surgery	Y
There was a log of fire drills. Date of last drill: July 2019 - Griffins Brook Medical Centre May 2019 - Bunbury Road Surgery	Y
There was a record of fire alarm checks. Date of last check: Every two weeks - Griffins Brook Medical Centre Every two weeks - Bunbury Road Surgery	Y
There was a record of fire training for staff. Date of last training: Various dates (within the last 12 months)	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: June 2019 - Griffins Brook Medical Centre June 2019 - Bunbury Road Surgery	Y
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At Griffins Brook Medical Centre, not all products which contained hazardous substances for example, hand scrubs were risk assessed and there were no associated data sheets that staff could refer to in the event of an accidental exposure. Following the inspection, the practice told us they had added the data sheets omitted on the day of inspection and there were plans to change some of the products used to a brand which did not contain hazardous substances.</p> <p>At Griffins Brook Medical Centre we saw that fire signage such as exits, and assembly points were clearly marked. However, we did not see information easily accessible to patients or visitors alerting them on what to do in the event of a fire. A fire procedure was in place however, this was only accessible to staff. All fire drills undertaken were planned and none were undertaken whilst patients were on the premises. Following the inspection, the practice told us that the fire procedure was now displayed in the patient waiting area and unscheduled fire drills would take place and include times when patients were on the premises. The practice was also increasing the frequency of fire alarm testing to weekly.</p> <p>We saw a fire risk assessment had been recently completed for both practices and some of the actions identified had been addressed and others were ongoing.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018 - Griffins Brook Medical Centre January 2018 - Bunbury Road Surgery	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018 - Griffins Brook Medical Centre January 2018 - Bunbury Road Surgery	Y
<p>Explanation of any answers and additional evidence:</p> <p>The Health and safety risk assessment had not been reviewed since January 2018, to assess any changes.</p> <p>The practice had contracted external contractors to undertake electrical and gas safety checks within the last 12 months.</p> <p>An Equality impact assessment had been carried out for both practices in August 2018, to review the arrangements in place for supporting patients who may experience barriers to accessing the service and ensure they could access and use services on an equal basis to others.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: December 2018 (both practices)	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Most of the actions from the infection prevention and control audit were completed except for the replacement of taps and basins which were on hold as there were plans to move to a new purpose-built premise. In the interim there was no actions in place to reduce any potential risks.</p> <p>A Legionella risk assessment was undertaken by an external company in March 2019 at Griffins Brook Medical Centre and June 2019 at (Legionella a term for a bacterium which can contaminate water systems in buildings). The practice was addressing the actions identified from the risk assessment, there were no high-risk actions.</p>	

Risks to patients

There were adequate in 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y

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.	Y
Explanation of any answers and additional evidence: The practice had implemented an IT programme alongside the patient management system which enabled them to use clinical templates and supported comprehensive reviews, systematic recalls and reporting.	

Appropriate and safe use of medicines

The practice did have systems for the appropriate and safe use of medicines, including medicines optimisation. However, some areas lacked oversight.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>NHS Business Service Authority - NHSBSA)</small>	0.87	0.84	0.88	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	11.4%	7.7%	8.7%	No comparison available
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	5.25	5.13	5.61	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.45	1.78	2.07	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At Griffins Brook Medical Centre the temperature records for the vaccine fridge suggested that vaccines were being stored out of range, however following the inspection the provider was able to assure us that this was a recording error and vaccines were stored appropriately. They also confirmed further staff training was provided to ensure record keeping was accurate and appropriately monitored.</p> <p>The practice was slightly above local and national average for number of prescription items for co-amoxiclav, cephalosporins and quinolones. The practice was aware and monitoring prescribing</p>	

Medicines management	Y/N/Partial
through the CCG medicine management team. The findings of a recent audit completed by the CCG showed the overall prescribing of antibiotics at the practice remained stable.	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: Significant events were discussed in staff meetings and were stored on the intranet to ensure they were easily accessible to all staff, reporting was encouraged and supported.	

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

Event	Specific action taken
Vaccines delivery left in reception	Training on the cold chain provided for non-clinical staff as part of induction and ongoing core training.
Incorrect prescribing of high dose medicine from secondary care not picked up by practice	All high dose prescriptions to be monitored and crosschecked with British National Formulary (BNF) to ensure that they are prescribed correctly. High dose medicines no longer issued as repeats.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented an IT programme known as 'Arden Templates' alongside the patient management system. This enabled the use of clinical templates which reflected current evidence-based practice.</p>	

Prescribing	Practice	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>	0.46	0.75	0.77	No comparison available

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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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 employed health care assistants and nurses who were trained to undertake in-house ARTP accredited Spirometry for patients registered at the practice as well as neighbouring practices
- The practice utilised specific evidence-based templates which enabled the comprehensive review of patients with long term conditions.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.9%	79.9%	78.8%	No comparison available
Exception rate (number of exceptions).	13.5% (59)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12	81%	77.2%	77.7%	No comparison available

months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>					
Exception rate (number of exceptions).	7.5%	(33)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison	
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.9%	81.0%	80.1%	No comparison available	
Exception rate (number of exceptions).	13.2%	(58)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison	
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.6%	76.6%	76.0%	No comparison available	
Exception rate (number of exceptions).	2.7%	(13)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.7%	91.3%	89.7%	No comparison available	
Exception rate (number of exceptions).	11.8%	(20)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison	
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.5%	83.1%	82.6%	No comparison available	
Exception rate (number of exceptions).	2.5%	(29)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	88.6%	90.0%	No comparison available	
Exception rate (number of exceptions).	5.3%	(7)	8.1%	6.7%	N/A

Any additional evidence or comments

Outcomes for patients with long term conditions were mostly similar to local and national averages. However, the practice was below the local and national average for the QOF indicator patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more. We discussed this with the practice and reviewed more recent unverified data which showed there were currently 185 patients on the register. Of those, 118 were treated with anti-coagulation therapy. The practice told us that patients on warfarin were monitored in secondary care and we saw a coding issue had potentially impacted on the results for this indicator.

Families, children and young people

Population group rating: Good

Findings

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

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) (to) <small>(NHS England)England</small>	81	82	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) <small>(NHS England)England</small>	117	119	98.3%	Met 95% WHO based target
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) (to) <small>(NHS England)England</small>	116	119	97.5%	Met 95% WHO based target
The percentage of children aged 2 who	117	119	98.3%	Met 95% WHO

have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)				based target
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Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice's uptake for cervical screening was similar to local and national averages but below the 80% coverage target for the national screening programme.
- The detection rate for cancer was lower than the local and national average.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	68.4%	68.1%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.6%	63.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	43.9%	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. (PHE)	73.1%	74.1%	71.2%	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)	34.1%	52.0%	51.9%	No comparison available

Any additional evidence or comments

The practices uptake for cervical screening was similar to the local and national averages and we saw evidence that this had remained stable over time, however the uptake rate was below the national screening programme target of 80%. The detection rate for cancer cases treated resulting from a two week wait referral was 34% (Public Health England data) which was lower than the local and national average of 52%. The practice had a national cancer screening improvement plan and promoted uptake by encouraging patients to undertake screening, information was available for patients raising awareness and the practice actively followed up patients who did not attend, including sending text messages. We saw evidence that urgent referrals were processed in a timely manner. The practice showed us unverified QOF data for 2017/2018 which showed the practice performance for new cases of cancer resulting from a two-week referral was 73%, which was similar to the local and national average. Although this was not comparable data it showed the practice performance was in line with local and national averages based on QOF.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had completed the Gold Standard Framework (GSF) going for gold training to improve end of life care for patients. The practice undertook an analysis of patients on the GSF register who had died which showed of the 29 patients, 88% of patients had died in their preferred place.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a 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. There were weekly clinics held by the GP lead for substance misuse alongside a substance misuse worker.
- The practice participated in the initiative (STOMP) to actively reduce or stop over prescribed medications to patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice worked closely with local mental health services, pharmacy and community’s services to support patients and their carers.

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>	93%	93.2%	89.5%	No comparison available
Exception rate (number of exceptions).	4.4% (4)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.4%	93.3%	90.0%	No comparison available
Exception rate (number of exceptions).	3.3% (3)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.2%	86.2%	83.0%	No comparison available
Exception rate (number of exceptions).	2.5% (2)	6.0%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	Data Unavailable	537.5
Overall QOF exception reporting	6.8%	Data Unavailable	5.8%

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

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

The practice had completed the following full cycle clinical audit in the last 12 months. <ul style="list-style-type: none"> An audit focusing on the prescribing of a high-risk medicines. The purpose of the audit was to identify if appropriate and timely monitoring was in place. The aim was to ensure patients on the high-risk medicine were reviewed regularly. The initial audit was completed in 2017, with a re-audit undertaken between December 2018 to June 2019. Results demonstrated that the majority of patients had received monitoring within the specified time.
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Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y

There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop for example, two administrative staff had received support and training to undertake the role of Health Care Assistants. There was evidence of training and qualifications for nursing staff in areas such as spirometry, COPD and wound management and staff had attended updates for cervical cytology and immunisations. Health care assistants had completed training in areas such as administering the flu vaccination, phlebotomy and NHS health checks.</p> <p>Health care assistants had completed courses equivalent to the Care Certificate.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice worked closely with various services and organisations to support patients and ensure care was delivered in a coordinated way. For example, community mental health services, the palliative care teams and the community midwife and health visitor.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.4%	96.1%	95.1%	No comparison available
Exception rate (number of exceptions).	0.7% (13)	0.6%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	
Discussion with clinical staff showed that verbal consent was always obtained before care and treatment and where relevant written consent for example, for minor surgical procedures. Clinical staff	

had received training in areas such as the Mental Capacity Act and consent. Staff spoken with were aware of the importance of consent and showed understanding of areas such as best interest and Gillick competency. Clinical staff participated in best interest decisions for a vulnerable patient.

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	One
Number of CQC comments received which were positive about the service.	One
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC Comment card	Feedback included positive comments about staff who were helpful, caring and took time to listen.
Patient interviews	We spoke with eight patients including three members of the Patient Participation Group (PPG). Positive comments included staff being respectful, polite and caring.

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
Not available	292	121	41.4%	Not available

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) <small>(GPPS)</small>	84.9%	87.9%	89.0%	No comparison available
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) <small>(GPPS)</small>	80.7%	86.0%	87.4%	No comparison available
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) <small>(GPPS)</small>	93.1%	95.4%	95.6%	No comparison available
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) <small>(GPPS)</small>	90.9%	81.6%	83.8%	No comparison available

Any additional evidence or comments

The results of the national GP survey showed the practice was mostly similar to the local and national average in questions relating to patients experience of a caring service. The practice was higher than average for patient's overall experience of the practice. This was aligned with feedback that we received from speaking with patients.

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

Any additional evidence

The practice obtained feedback from the Friends and Family Test (FFT) which was also available on the website, comments and complaints received and through engagement with the Patient Participation Group (PPG). There was evidence that feedback received was reviewed and acted on to improve the service. The practice had recently improved the practice website and there was an online survey requesting patient feedback on patients experience of the new website.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Patient information was available in the patient waiting area and the practice website which sign posted patients and carers to number of support groups and organisations. The practice participated in a social prescribing pilot, funded by NHS England and delivered at a provider level. There were weekly clinics at the practice with an allocated worker to help connect patients to local services and activities to help improve wellbeing	

Source	Feedback
Interviews with patients.	We spoke with eight patients including three members of the Patient Participation Group (PPG). The feedback was overall positive, patients described staff as helpful and their care and treatment was explained to them.

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	97.4%	92.8%	93.5%	No comparison available

Indicator	Practice	CCG average	England average	England comparison
care and treatment (01/01/2018 to 31/03/2018) (GPPS)				

Any additional evidence or comments	
The results of the national GP survey showed the practice was similar to the local and national average in relation to patients experience of involvement in decisions about their care and treatment.	
	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Information leaflets in other languages and in easy read format were not readily available in the practice but could be ordered on request. The practice website had a translation facility which enabled practice information to be accessible in a number of languages.	

Carers	Narrative
Percentage and number of carers identified.	215 (2.7 % of practice population)
How the practice supported carers.	<p>The practice had identified more than 1% of its practice population as carers. The practice had a register for carers to ensure all carers were easily identified and could be offered an annual health assessment, the flu vaccination and support and advice. Information was available in the patient waiting area and practice website sign posting carers to support groups and encouraging carers to identify themselves to staff, so support could be offered.</p> <p>The practice held a recent carers event to support carers and a benefit advisor attended the practice on a regular basis to provide advice. Social prescribing was offered to carers to promote health and wellbeing</p>
How the practice supported recently bereaved patients.	The practice contacted patients to offer support and referred patients to support services and bereavement counselling where necessary.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The practice offered patients a private room should patients wish to speak in confidence away from the reception area.	

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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: Both practices were based in premises which were in need of modernisation however, plans for a purpose-built premise were in progress. There were no automatic doors at the main entrance to both practices however, there was a bell that patients could call for assistance.	

Practice Opening Times		
Day	Time	
Opening times:	Griffins Brook	Bunbury Road
Monday	8.30 am to 6.30pm	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm	8.30am to 6.30pm
Wednesday	8.30am to *12.30pm	8.30am to 6.30pm
	*12.30pm to 6.30pm cover by Bunbury Road	
Thursday	8.30am to 6.30pm	8.30am to *12.30pm
	*12.30pm to 6.30pm cover by Griffins Brook	
Friday	8.30am to 6.30pm	8am to 6.30pm
Appointments available:		
Monday	8am to 6.30pm	8am to 6.30pm
Tuesday	8am to 6.30pm	8am to 6.30pm
Wednesday	8am to 6.30pm	8am to 6.30pm
Thursday	8am to 6.30pm	8am to 6.30pm
Friday	8am to 6.30pm	8am to 6.30pm
Extended Hours (practice).	Monday 6.30pm to 7.30pm (Bunbury Road) Saturday 9am to 11.30am (Griffins Brook)	
Extended Hours Access (Hub arrangement).	Monday to Friday 6.30pm to 8pm Saturday and Sunday 9am to 1pm	
The extended access service is provided as part of a joint working arrangement with other local practices. Extended access appointments are booked by patients through their GP practice and patients are seen at the Royal Orthopaedic Hospital.		

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	292	121	41.4%	Not available

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) <small>(GPPS)</small>	96.7%	94.5%	94.8%	No comparison available

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.
- There was a medicines delivery service for housebound patients.
- The practice worked with local pharmacies to provide medications in blister packs for safe administration of medications by staff to vulnerable patients such as those living in residential homes.
- The practice was working in partnership with an elderly residential village, housing over 200 extra-care retirement patients, an 80-bed dementia home, and elderly care bungalows. There was a lead GP who undertook twice weekly ward rounds to review patients.
- A number of services benefiting older people were available in-house such as phlebotomy, social prescribing and joint injections.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice supported patients receiving care at a Brain Injury Rehabilitation unit, working collaboratively with the multi-disciplinary team to facilitate management plans.
- A number of services benefiting people with long term conditions were available in-house such as insulin initiation for patients with diabetes, 24-hour blood pressure monitoring, minor surgical procedures and ECG.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside school hours.
- 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 premises had breast feeding and baby changing facilities.

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.
- A range of appointments were offered including pre-bookable, online and telephone consultations.
- Appointments were available until 7.30pm on a Monday and 9am to 11.30 am on a Saturday. The practice was a member of a GP hub which meant pre-bookable appointments were available to all patients at an additional location within the area Monday to Friday from 6.30pm to 8pm. Appointments were also available on the weekend from 9am until 1pm.
- Patients could book appointments and request repeat prescriptions online. The practice actively promoted online registration and had a high uptake of patients who registered for online services.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Longer appointments were offered, and home visits were available for health checks and blood tests.

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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice referred patients for social prescribing, weekly clinics were held at the practice with an allocated worker to help connect patients to local services and activities to help improve wellbeing

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Patients requesting a home visit were triaged by the duty doctor who called the patient to assess their needs.	

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 (to) (GPPS)	82.9%	60%	70.3%	No comparison available
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) (GPPS)	77.5%	63.1%	68.6%	No comparison available

Indicator	Practice	CCG average	England average	England comparison
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) <small>(GPPS)</small>	73.3%	63.4%	65.9%	No comparison available
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) <small>(GPPS)</small>	78.0%	70.2%	74.4%	No comparison available

Any additional evidence or comments

The practice was above local and national averages for questions relating to access and patients overall experience of making an appointment. Actions taken to improve access included increasing staffing levels and reviewing skill mix, actively encouraging online registration and providing extended hours and extended access services. The practice had also increased routine consultation times from 10 minutes to 12 minutes with the aim to move to 15 minutes in line with RCGP guidance, was developing digital technology.

Source	Feedback
Interviews with patients.	We spoke with eight patients including three members of the Patient Participation Group (PPG). Two patients commented that it was sometimes difficult to get access a routine appointment although they would be seen if the need was urgent

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.	17
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Partial

There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Complaints were discussed with staff during team meetings and shared in monthly newsletters to ensure learning and help improve the service. Patients were able to complete an on-line form on the practice website to raise a complaint. We saw a poster displayed in the patient waiting area informing patients of the complaint procedure however, there was no contact details and patients would have to request a complaints leaflet form reception staff.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient reported they had not given consent to treatment	Investigated, patient provided with an apology for their experience although it was evident consent had been obtained, staff attended training as a further learning opportunity
Patient unhappy with attitude of clinician during a consultation.	Investigated, staff member spoken with, patient provided with an apology for their experience although complaint not upheld.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The provider organisation (OHP) added OHP- BG Health Practice to their registration in August 2017. The OHP partnership model is one of local autonomy in which individual practices and the GP partners work to identify their own local priorities and run their practices in the way they see fit to meet their local population needs. The OHP Board takes on a more strategic role. The OHP Board is made up of nine elected GP partners, the Operations Director and Finance Director. Board elections are staggered on a three-year roll. There is a small central OHP team that support the practices to achieve future sustainability and resilience. They do this in various ways such as helping to reduce some of the administrative burden in the running of their practice and to help individual practices realise and identify solutions to local challenges (through innovation and effective partnership working). The OHP leadership team was known to all practices and accessible when support was needed. OHP were aware of challenges faced by GP practices and have for example undertaken work to develop	

longer term workforce solutions. They recognise locality differences and have focussed General Practice Forward View money to help practices identify new and innovative ways to address local challenges. This has involved working with affiliated non-OHP practices within the same localities.

The practice leadership team at OHP- BG Health consisted of five GP partners, a managing partner and a deputy manager. They shared with us their plans for the sustainability of the service and to address some of the challenges. This included recruiting additional staff, developing the IT system to provide a more digital service and plans to merge with a local practice to a new purpose-built premise.

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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	

Explanation of any answers and additional evidence:

There was a collective vision among OHP member practices which was to provide: 'A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.'

The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.

Leaders at OHP- BG Health had identified the key areas for the development and sustainability of the practice and improving the service for patients. We saw evidence of progress in relation to these areas which included increasing staffing levels, training and development opportunities for staff and working within a wider primary care network to provided extended access service.

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

Explanation of any answers and additional evidence:

There was an expectation that practices who wished to join OHP shared the same goals.

There were arrangements at provider level to address behaviour inconsistent with the vision and values of the organisation (OHP). Member practices were expected to provide monthly returns of core quality markers which were discussed at the provider governance meetings along with other information such as incidents and complaints. This was used to assure the board of quality standards.

There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider if they felt unable to raise them with a local practice.

At provider level we saw that there was a strong emphasis on the safety and well-being of staff. One of the providers key objectives was to focus on a sustainable workforce and create better work life balance. This was being delivered through the development of staff retention schemes and sharing some of the administrative burden on practices.

At OHP-BG Health practice meetings and clinical staff meetings took place which enabled important information to be shared such as significant events and complaints and staff were given the opportunity to raise any issues. Wellbeing of staff was recognised, and positive achievements were celebrated through newsletters.

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

Source	Feedback
Staff interviews	There was positive feedback from staff about how the practice team worked together in the delivery of the service. Staff said they were confident in raising any issues and felt supported if they did so. Managers and clinicians were approachable and staff ideas and areas for improvement were acted on. Learning and development opportunities were encouraged and supported.

Governance arrangements

The provider had set out 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>Individual practices retained local responsibility and accountability for the services they provided within the OHP provider model. However, there was also a centralised governance function in which the central team monitored quality across the whole organisation and provided the board with assurance that standards at practice level were being maintained. The central team provided a supportive role to practices who needed it.</p> <p>The provider communicated with the practices through the sharing of minutes from board meetings and regular quarterly newsletters which were made available through quality assurance system known as GP Team Net.</p> <p>Staff spoken with were clear about their roles and responsibilities and had received support, training and development opportunities to maintain this.</p> <p>We saw at OHP-BG Health that staff team meetings took place and included staff from both the main and branch practice. This provided the opportunity for staff to discuss and share learning from significant events and complaints. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed the practice was consistently a high QOF achieving practice and performed above or similar to the local and national averages in a number of QOF indicators as well as indicators for the childhood vaccination programme and the national GP survey.</p>	

Managing risks, issues and performance

The processes for managing some areas of risk, issues and performance lacked oversight.

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

When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Performance and risk were managed at practice level however, the central OHP team maintained an oversight of this. The practices were expected to provide assurance that quality standards were being met and quality and risk was being managed through the submission of core quality markers to the central team. These were monitored along with complaints, significant events and safety alerts through the centralised governance management processes. The central team also offered mock CQC inspections to member practices to help improve and drive quality. Practices wishing to join OHP were expected to meet certain criteria in order to minimise risks and safeguard the partnership.</p> <p>At OHP-BG Health the arrangements in place for identifying, managing and mitigating risks were not always effective as some areas lacked oversight such as fire safety, health and safety, control of substance hazardous to health and the recordings of the vaccine fridge temperature. Risk assessments were not always reviewed to ensure they were up to date.</p> <p>Staff had not received formal training in preparation for a major incident but were aware of responding to an emergency, a copy of the major incident plan was easily accessible for staff.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>GP Team Net (clinical and governance system) had been rolled out across OHP member practices and provided the main forum for sharing management information. This enabled both the practice and central team to manage and monitor information such as those relating to incidents, complaints, safety alerts and staffing.</p> <p>The provider organisation had recently collated performance data from nationally available sources which they had started to share with practices to help them manage their own performance.</p> <p>The central OHP team provided support to practices in relation to statutory notifications to CQC.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At OHP- BG Health there was evidence the practice was responding to patient feedback by taking action to improve patients experience of the service for example, by increasing routine consultation times from 10 minutes to 12 minutes and developing digital technology. Regular staff newsletters provided the opportunity to keep staff informed and celebrate staff achievements. The practice had contributed to the CCG delivery of the 'Going for gold' GSF training programme. The practice actively supported the local community and businesses by fundraising and participating in local events. The practice engaged with patients to keep them informed of the plans to merge and move services. Information was available on the practice website this included PPG meeting minutes</p> <p>The provider (OHP) held partners meetings annually which provided a forum for provider level feedback and to check that the direction of travel of the organisation was still appropriate. OHP had also set up a salaried GP community and planned to introduce a similar network for nursing staff working across the organisation. Team building days provided the opportunity for staff to share their views and contribute to service developments.</p> <p>The provider used a practice manager focus group to check progress against objectives and have a voice in shaping future development for example, the provider told us that they had met regularly during the development and evaluation of the extended access service.</p> <p>The centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice for GPs in strategic planning within the health and social care economy and for exploring areas for collaborative working.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had a patient participation group (PPG). We spoke with three members who told us there was a good relationship with the practice and the practice was responsive to ideas and feedback, a practice representative attended all meetings, this enhanced collaborative working.</p>

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>Being part of a large provider organisation (OHP) enabled practices to:</p> <ul style="list-style-type: none">• Collectively bid and benefit from new contracts for example, extended access, anticoagulation and social prescribing services.• Share and learn from each other for example, the system for recording and monitoring incidents and complaints management was adopted from a practice within OHP.• Benefit from workforce developments including an internal staff bank.• Explore digital access through the provider participation in a pilot scheme.• Focus on improvement and innovation through collaborative working within the practices own locality using General Practice Forward View money. Examples, of improvement schemes have included the development and training of reception clerks in managing prescriptions and improving document handling. Collaborative working with the hospital and community services to bring services closer to home. <p>At OHP-BG Health there was a focus on learning and development, staff had lead roles based on their area of knowledge, skills and area of interest. For example, there was a GP lead for safeguarding, diabetes. Nurses had specialist roles in areas such respiratory medicine and the healthcare assistants undertook spirometry including referrals from other local practices.</p>	

Examples of continuous learning and improvement

Learning and improvement was encouraged through staff appraisals and meetings. The practice made use of internal and external reviews of incidents and patient safety alerts and learning was shared and used to make improvements. Audits were completed and provided the opportunity to learn and improve for example, in the areas of medicine management, minor surgery and infection prevention and control.

There were examples of continuous learning and improvement, the practice participated in pilots such as the BUMP project in conjunction with an NHS hospital, the aim was to improve referral processes for pregnant women. The practice was working towards the NHS Digital agenda and had redesigned the practice website to improve patients experience and there were plans to launch a video consultation service.

The practice was one of the first practices within OHP to utilise GP Team and implement Arden templates and allowed the practice to feedback on their experience to improve the experience for other practices.

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 taking into account the types of people who will be receiving that treatment.