

# Care Quality Commission

## Inspection Evidence Table

### Bury Knowle Health Centre (1-6059222187)

Inspection date: 10 September 2019

Date of data download: 09 September 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 which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Safeguarding policies were regularly reviewed and staff we spoke with understood their role in safeguarding both children and vulnerable adults.</li></ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The sample of eight staff records we reviewed clearly identified all relevant pre-employment checks had been completed.</li> <li>• There were records of staff immunisation status and DBS checks and these were comprehensive.</li> </ul>	

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: June 2019	Yes
There was a record of equipment calibration. Date of last calibration: June 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: February 2019	Yes
There was a log of fire drills. Date of last drill: 05 September 2019 (previous seen for Feb 2019)	Yes
There was a record of fire alarm checks. Date of last check: Weekly recorded	Yes
There was a record of fire training for staff. Date of last training: Ongoing via an online training module.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2019	Yes
Actions from fire risk assessment were identified and completed or scheduled.	Yes
Explanation of any answers and additional evidence:	

- All fire marshal's held certificates to confirm they had been trained for their role.
- The provider had employed a dedicated premises manager who held responsibility for ensuring environmental safety and appropriate risk assessments were undertaken.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Daily premises checks by premises manager.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2019 for all five sites.	Yes

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: June 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	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"> <li>• The provider had acted upon findings of infection control audits by improving facilities in washrooms at three of the sites.</li> <li>• Standards of cleanliness were mostly acceptable at the three sites visited. However, we found inconsistent standards operated at one of the branches where minor improvements were needed.</li> </ul>	

## 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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• When patients called by telephone to request an appointment their request was risk assessed by a nurse before a decision was made on the urgency of need.</li> <li>• The provider held management team meetings every month at which any changes in service provision were monitored. Changes were communicated effectively to staff and staff we spoke with were complimentary about the communication and support they received from management.</li> </ul>	

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays	Yes

in referrals.	
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We noted that the practice had experienced a rapid growth in registered patient numbers in the last two years. The system in place to summarise incoming patient records had worked effectively with 95% of new patient records summarised.</li> </ul>	

## 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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.47	0.75	0.87	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	10.3%	10.9%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	4.80	5.55	5.63	Tending towards variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.19	1.74	2.08	Tending towards variation (positive)

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).	Partial (*1)
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice 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.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
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.	Partial (*2)
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The provider had a system in place to manage prescriptions that had not been collected.</li> <li>• We found two new PGD's for the winter flu immunisation 2019 that had not yet been fully completed. There was another PGD that required authorisation that had also been issued in September 2019. The provider took action to correct these before administration of the vaccines commenced.(*1)</li> <li>• We found an inconsistency in recording action arising from medicine fridge temperature recording. When temperature readings exceeded the recommended range senior staff were</li> </ul>	

Medicines management	Y/N/Partial
alerted. They undertook a check of the second thermometer readings and kept a record that these showed temperatures within range but had not entered the findings in the fridge log book.(*2)	

### 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:	13 since Jan 2019
Number of events that required action:	13

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

Event	Specific action taken
GP unable to access an urgent outpatient referral for a vulnerable patient.	New procedure implemented to send patients to the emergency department with a letter explaining that urgent access to support and advice is required.
Patient whose first language was not English unable to communicate their needs to reception staff.	Access to interpreter services organised for reception staff and practice piloting a three way interpreter service for non-clinical staff.

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"> <li>The practice tracked receipt and action of all safety alerts on an electronic record available to all staff. The provider safety committee undertook monthly reviews of safety alerts to ensure all relevant actions had been completed.</li> <li>We saw examples of actions taken on safety alerts. For example, regarding sodium valproate.</li> </ul>	

## 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Dissemination of new guidelines was overseen by a lead GP. Discussion on implementation of guidelines was undertaken at clinical team meetings.</li> <li>All GPs were responsible for oversight of a set of performance indicators for patients registered to them. This included ensuring that appropriate reviews of medication and treatment were undertaken at appropriate intervals.</li> </ul>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.50	0.50	0.75	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe</li> </ul>



frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles (opportunistic) and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- GPs had performance targets agreed for management 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 IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.4%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.5% (95)	13.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.7%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.4% (86)	10.7%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.8%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.0% (132)	13.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.0%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (27)	5.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.4%	90.6%	89.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	10.4% (35)	11.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.2%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (96)	4.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.8%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.8% (19)	7.8%	6.7%	N/A

### Any additional evidence or comments

- The provider had identified, prior to inspection, that achievement of COPD indicators and exception rates were negative compared to local and national averages. They had reviewed the patients on the COPD register and found four were incorrectly coded as having the disease. When these were removed the averages improved and all other exceptions were reviewed to ensure the exception had been made appropriately.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates did not meet the World Health Organisation (WHO) targets. However, they were above 90% and met contractual targets for the service.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	181	199	91.0%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	227	248	91.5%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	226	248	91.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	229	248	92.3%	Met 90% minimum

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

## 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)	58.4%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	61.0%	73.4%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	48.2%	57.1%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	76.1%	78.8%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	75.0%	59.9%	51.9%	Tending towards variation (positive)

#### Any additional evidence or comments

- The practice had identified that there was a need to improve uptake rates of cancer screening. They were working with a county organisation on strategies to improve uptake rates and included improvement in cancer screening as part of their strategic plan. This also formed part of the practice quality improvement programme. Actions taken to improve cervical cancer screening included ensuring female sample takers worked at the Wood Farm branch surgery (where previously there had been one male GP) and making appointments available on a Saturday morning for cervical screening. The action plan was in its infancy and it was too early to evaluate if uptake rates would improve.

#### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check and 86% had taken up the opportunity for this health check in the last year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks. Over the last year over 90% of patients in this group had received a physical health check.
- This group of patients received appropriate interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services including the social prescribers employed by the 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) <small>(QOF)</small>	91.7%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.3% (7)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.3%	89.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (2)	8.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.4%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (4)	5.0%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540.2	549.8	537.5
Overall QOF score (as a percentage of maximum)	96.6%	98.4%	96.2%
Overall QOF exception reporting (all domains)	8.3%	5.6%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- A two cycle audit of compliance with guidelines for prescribing a high risk medicine used in treatment of long term mental health conditions were met was undertaken. The first audit showed 67% of patients had a blood test to inform continued prescribing within three months of the audit. Having reminded all GPs of the guidelines the second audit showed a 20% improvement in achieving the three monthly blood test. The first audit showed 79% of patients had a test result within therapeutic range. GPs reviewed the treatment of these patients and the second audit identified that 86% had a result within therapeutic range.
- The practice set out to improve prescribing having taken on the management of two smaller practices in 2017. They identified that prescribing was not always following prescribing guidelines or the local prescribing scheme. Work to improve prescribing had resulted in reductions in prescribing high dose opioids and hypnotic medicines. For example, the prescribing of hypnotic medicines had reduced by 10% and high dose opioids by 40%

### Any additional evidence or comments

- The practice had an active quality improvement programme in place. Data was used to inform quality improvement activity. For example, QOF data was regularly reviewed and used to identify where improvement in care for patients with long term conditions could be made. All GPs were tasked with achieving improvement in QOF indicators for their registered patients and their achievement was monitored by the quality management team.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice operated a supervision programme for clinical pharmacists and nurse prescribers.</li> <li>• All clinical staff had agreed performance targets for improving patient care and effective provision of services.</li> <li>• There was a capability policy in operation and staff were required to complete a set of competencies relevant to their role during their induction and probation period.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes



Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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>	90.5%	95.0%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.8% (29)	0.7%	0.8%	N/A

### Any additional evidence or comments

- Recording of smoking status had been affected by patients appearing on the COPD register who did not have this disease and who should not have been included.

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• GPs who undertook minor surgical procedures were required to audit their work to ensure appropriate consent had been obtained.</li></ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated treat 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
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

### CQC comments cards

Total comments cards received.	4
Number of CQC comments received which were positive about the service.	2
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Discussions with nine patients.	All nine of the patients we spoke with told us that staff were kind and helpful.
CQC comment cards	The four patients who completed comment cards were complimentary about staff being supportive and compassionate.

## 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
29,139	461	118	25.6%	0.40%

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 (01/01/2019 to 31/03/2019)	88.0%	91.6%	88.9%	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 (01/01/2019 to 31/03/2019)	87.3%	90.4%	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 (01/01/2019 to 31/03/2019)	97.7%	97.5%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	82.1%	85.9%	82.9%	No statistical variation

### Any additional evidence or comments

- The quality improvement culture of the practice led to a continued drive to improve care, performance and the patient experience. Staff training and staff meeting structures included opportunity to learn more about customer care and improve the patient experience. All reception staff had received training on making 'every contact count'.

### Question

Y/N

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

Yes

### Any additional evidence

- The practice had reformed a patient participation group in Autumn of 2018. The group had met three times and had asked their chairperson to carry out face to face surveys at the practice sites to gain patient feedback. This work was underway, but the results had yet to be collated.

### 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"> <li>The practice had prepared a variety of information in easy read and pictorial formats. For example, information about health checks for patients with a learning disability was available.</li> </ul>	

Source	Feedback
Interviews with patients.	All the nine patients we spoke with told us that GPs took time to explain care and treatment and gave opportunity for patients to ask questions about their care. However, two patients said that they sometimes felt nursing staff were focused on completing the notes of consultations rather than on their discussions with patients. We were given an example of a patient receiving extra support from one of the social prescribers to cope with their condition.

## 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 (01/01/2019 to 31/03/2019)	97.1%	95.8%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice website translated into 120 languages,</li> <li>The practice was a pilot site for the local CCG 3 way interpreter services.</li> <li>The practice had commenced issuing language cards to patients whose first language was not English to enable prompt identification of those needing interpreter assistance and which language was their preferred choice of communication.</li> <li>Information about support groups was on the website and in leaflets around the practice. Social prescribers had detailed knowledge about local support groups.</li> <li>Information was available in easy read formats.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice held a register of 516 carers which was 1.8% of the registered patient population.
How the practice supported carers (including young carers).	Carers were supported by the social prescribers employed by the practice who had knowledge of local services and support groups. Staff had access to information for carers on the practice intranet and patients could access further information via the practice website and from carers information leaflets available in the waiting rooms. All registered carers were offered a seasonal flu immunisation.
How the practice supported recently bereaved patients.	The practice had a bereavement protocol that was followed. This included sending a condolences card to the bereaved family. The GP with whom the family was registered made contact with the family to offer support that met their needs. The practice then made contact with other agencies who had been involved in the care of the deceased patient and ensured any future appointments were cancelled.

## 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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice operated appropriate systems to protect the confidentiality of online consultations.</li></ul>	

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice organised the mix of urgent appointments and book in advance appointments to ensure that on the day appointments were always available at the main practice site and routine appointments could be accessed at all five sites.</li> <li>Patients seeking to access a pre booked appointment were encouraged to see the GP with whom they were registered to provide continuity of care.</li> <li>Adaptations were underway at the Wood Farm branch surgery to improve access for patients with a physical disability.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Saturday	8am to 12pm
Appointments available:	
Monday	8am to 6.45pm (extended hours)
Tuesday	7am (extended hours) to 5:50pm
Wednesday	8am to 5:50pm
Thursday	8am to 5:50pm
Friday	7.30am extended hours to 5:50pm
Saturday	8am to 11.50am

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
29,139	461	118	25.6%	0.40%

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 (01/01/2019 to 31/03/2019)	96.5%	96.4%	94.5%	No statistical variation

### 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.



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

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 

## **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 from 7am on a Wednesday, 7.30am on a Friday and until 7pm on a Monday. The practice also opened every Saturday morning from 8am to 12pm.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

**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 employed two social prescribers who were able to assist patients to access support groups within the area and signposted their patients to these accordingly.

**Timely access to the service**

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	66.0%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	74.3%	73.2%	67.4%	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 (01/01/2019 to 31/03/2019)	76.3%	67.0%	64.7%	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 (01/01/2019 to 31/03/2019)	75.9%	77.4%	73.6%	No statistical variation

### Any additional evidence or comments

- The practice operated a centralised call centre for all incoming telephone calls from patients requesting appointments. Call volumes were monitored and staff from the branch surgeries were able to log in to the call centre to take calls at busy times.
- The practice had reviewed the results of the 2019 national patient survey. An action plan to improve feedback in areas where the practice was performing below average had been devised and implemented. For example, reception staff being retrained in telephone skills and signposting to appropriate services.

Source	Feedback
NHS UK	There were 11 pieces of patient feedback for the practice in 2019. Of these eight patients rated the practice as five out of five stars (the best rating). However, one patient referred to slow response to telephone calls and another reported a slow response in processing a referral. We noted that the practice responded to feedback on NHS UK.
Patient interviews	Three of the nine patients we spoke with said they found it difficult to get through to the practice by telephone as the wait time to be answered could range from 15 to 45 minutes.

### 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.	9
Number of complaints we examined.	9
Number of complaints we examined that were satisfactorily handled in a timely way.	9
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

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

Complaint	Specific action taken
A complaint arose about a non-personalised condolences letter being sent to a family.	All condolence letters should be personally addressed to the next of kin by checking the practice records.
Complaint arising from late diagnosis of cancer after urgent referral.	All GPs instructed to use two week wait referral system if any suspicion of cancer even when symptoms do not meet the two week referral criteria.

## Well-led

## Rating: Outstanding

### Leadership capacity and capability

The practice was able to demonstrate that they placed themselves at the heart of the community and had a focus on providing and developing services for the wider local population. All staff were clear in their role to support the provision of high quality sustainable care and treatment.

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• Staff were encouraged and supported to develop their management and leadership skills to either join the senior leadership team or take more senior roles to support leaders.</li><li>• Governance arrangements were proactively reviewed to reflect best practice. The provider had appointed associate directors with a clear development plan to become directors within a year. Their management development was underpinned by a learning and development plan incorporating appropriate management theory studies. Succession planning and leadership development was identified from this initiative.</li><li>• The practice was a leader within the locality with regards to collaboration and taking a proactive approach to working with other organisations to improve care and tackle health inequalities. This was evidenced by the practice participation in the 'Barton Healthy new town' project. By working with partners there was an evaluated improvement in the health of people living in the Barton new town area. For example, 322 patients with long term conditions took part in short programmes of physical activities to support improvement in their health conditions. The evaluation of this part of the project identified that patients reduced their attendances at clinics and GP surgeries. There were also 662 people who took an active part in a healthy eating initiative. A survey of 25 of the people who took part in the healthy eating project resulted in 90% of them stating that their physical health and wellbeing had improved. The project evaluation report acknowledges the important role played by the practice's social prescribers. They were involved in explaining the healthy Barton project to residents and enrolling them into the health initiatives. By taking part in the Barton Healthy New Town project the staff at the practice extended their roles into improving the health of people in the community who were not registered patients at the practice.</li><li>• When the practice assumed responsibility to manage two practices that were due to close they took on an additional 8,000 patients. One of the practices taken on were about to lose their premises. The Bury Knowle management team sourced alternative premises to maintain GP services in the locality and reduce the need for patients to travel to the main site. By working in partnership with a local pharmacy new consulting rooms were established in the pharmacy premises.</li></ul>	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had an annual plan which identified the needs of the registered population and strategies to meet the identified needs.</li> <li>The practice had a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against their strategy and plans. For example, there was a tracking system in place that identified who was responsible for achieving practice targets and when they were achieved.</li> <li>Staff we spoke with knew the practice vision and felt able to contribute to the development plans for the practice.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes

Staff had undertaken equality and diversity training.	Yes
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Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff we spoke with told us they were proud to work at the practice and that they received excellent support from leaders at the practice. They told us that they received a wide range of training opportunities and felt involved in decisions about the way the practice was managed. Staff who worked at the branch surgeries told us they received better support from the current management team than when they were stand alone GP practices.
Practice staff survey	Staff felt happy working at the practice and confirmed their training and development needs were being met. In response to staff feedback the practice adopted a new salary structure to improve pay and conditions for staff.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff had job descriptions, received appraisal and had personal development plans in place.</li> <li>Governance capacity and capability were kept under review and the practice showed a commitment to develop future leaders through their associate director structure.</li> </ul>	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes

A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a quality management programme in place overseen by a quality management team.</li> <li>• Appropriate risk assessments were undertaken and action carried out when risks were identified. Mitigation of risks was overseen by a safety management group.</li> <li>• The practice had developed a register of patients for whom they had a concern in addition to registers of at risk children and patients for whom a safeguarding referral had been made. This approach to safeguarding had been complimented by the local safeguarding team.</li> </ul>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice used data to inform performance targets for clinical staff. For example, screening rate data and data from the QOF scheme were reviewed to set performance targets for GPs.</li> <li>• The uptake of childhood immunisations was reviewed and the practice worked with the local immunisation team. Data held by the practice showed a 5% improvement rate in childhood immunisations.</li> </ul>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had identified the benefits of receiving feedback directly from patients and had reformed a patient participation group in late 2018. The group had met three times since formation and had formulated plans to seek wider feedback from patients registered at the practice.</li> <li>The practice had a culture of collaboration, team-working and support throughout. All staff had a common focus on improving the quality and sustainability of care and patient's experiences. This was supported by improvement in patient feedback about the practice. For example, in 2018 the feedback from the national patient survey for the question were reception staff helpful was 85% this rose to 95% in 2019.</li> <li>Staff told us that their views and ideas were listened to and followed up on. For example, when a healthy lifestyle project was launched to provide 'health walks' staff suggested this be extended to include residents of the local community not registered with the practice. The suggestion was adopted and the health walks were on offer to the wider community.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>We met with the chairperson from the patient participation group (PPG). They told us that the group was forming a good working relationship with the practice and that their views were being listened to by practice leaders. There were currently 10 to 15 active members of the PPG that met and approximately 40 members of the group signed up for e-mail communications. The group had started working on providing information to patients on the roles of clinical professionals in the team and had started gathering patient feedback from visiting the practice sites and speaking with patients in the waiting rooms. This work was in progress and the feedback had yet to be collated.</li> </ul>

## Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes



Explanation of any answers and additional evidence:

- All staff had personal learning plans.
- Meeting structures enabled staff to share views, concerns and ideas. Staff said they were able to access additional learning and training courses easily with support from the management team.
- All clinicians had performance targets and one of the GPs we met with showed us how they were using their targets to bring patients in for health and medicine reviews.
- GPs were involved in research and sharing learning and best practice with the wider health community. One GP had published research into provision of care to local population groups and this had been shared via various media sources. Research into provision of high quality care for children and young people requiring palliative care had also been published by another of the practice GPs and widely shared via publications.
- The practice was one of the first ten practices in England to pilot social prescribing. Two social prescribers had been working at the practice for nearly four years. The success of social prescribing led to the practice continuing to fund the social prescribers when the project funding came to an end. The practice had a targeted approach for referring patients to the social prescribers. This was focused on vulnerable patients and those who could benefit from advice and support in dealing with long term conditions. Patients we spoke with told us how the social prescribers had enabled them to access the support they needed to help them in their daily lives. There were also examples of patients with enduring mental health problems being supported.
- The practice had developed a rota planning software system to free up staff time for patient contact.
- The practice was a leader in developing a text system to inform patients of clinical information which enabled prompt receipt of such information. The system piloted by the practice has now been adopted by many 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 practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

**Glossary of terms used in the data.**

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