

Care Quality Commission

Inspection Evidence Table

Buckland's End Lane Surgery (1-582422849)

Inspection date: 3 September 2019

Date of data download: 19 August 2019

Overall rating: Good

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

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: Evidence gathered during our inspection demonstrated that clinicians had access to and followed evidence-based practices and guidelines. Adherence with evidence-based guidelines were also monitored through reviews and audits.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHSBSA)	1.20	0.76	0.77	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice worked in partnership with an opticians and hearing care service offering in-house hearing tests for patients in this age group.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice operated virtual clinics in conjunction with clinical specialists and secondary care consultants for diabetes and COPD. 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 and chronic obstructive pulmonary disease (COPD). 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, COPD, atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins and patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Patients with COPD were offered rescue packs and patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.3%	80.1%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.1% (77)	12.5%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.0%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.9% (38)	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>	77.8%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.2% (39)	11.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.3%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (14)	6.3%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.1%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.1% (11)	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	82.5%	83.1%	82.6%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.2% (53)	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>	72.6%	88.7%	90.0%	Variation (negative)
Exception rate (number of exceptions).	6.7% (6)	8.2%	6.7%	N/A

Any additional evidence or comments

Unverified and unpublished data provided by the practice during our inspection showed that performance had improved in patients with atrial fibrillation who were assessed for stroke risk and treated appropriately, with a current achievement of 85.7%. The practice had also achieved full points (100%) for this indicator for the QOF 2018/19 year, this data however was to be verified and published.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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 influenzae type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	89	92	96.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	72	78	92.3%	Met 90% minimum

Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				
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)	70	78	89.7%	Below 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)	72	78	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>

Any additional evidence or comments

- NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were slightly below the World Health Organisation (WHO) targets (by 0.3%) regarding percentage of children aged two that had received their Hib/MenC boosters.
- Although during our inspection the practice was unable to provide any verified data to demonstrate improvement, we saw that the practice operated a stringent process for managing their childhood immunisations which was overseen by one of the practice nurses. This included a process whereby any missed immunisation appointments were followed up via telephone call from a nurse, formal correspondence was also sent by the practice as part of this process. Any repeated failed attendances were raised with the health visitor and where necessary, safeguarding concerns were raised. During our inspection we could see that the practice were effectively managing seven missed appointments.
- We also noted that in other areas of childhood immunisations, performance was positive. For instance, the 2018/19 uptake for primary immunisations (for children aged one) was above WHO targets at 96.7%, this was also reflected across two of the other immunisation indicators for children.

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)	69.1%	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)	62.5%	63.8%	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)	43.9%	44.0%	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)	57.9%	74.2%	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)	37.0%	52.1%	51.9%	No statistical variation

Any additional evidence or comments

- Public Health England (PHE) data showed that the practices cervical screening uptake rates for 2017/18 were below the 70% uptake target (by 0.9%).
- On discussion with the practice staff advised that where possible, patients were offered appointments at different times to support uptake. Members of the management team explained that whilst they faced some challenges in encouraging uptake and engagement in areas, such as for their patients with cultural and personal preferences, the team encouraged uptake opportunistically and during consultations and through general patient interactions. We saw that there was also promotional material available in the practice.
- Unpublished and unverified data from the practices patient record system demonstrated that current cervical screening uptake rates were at 80.2% and end of year data for 2018/19 was 82.9%.
- There was evidence of a stringent call and recall system in place for calling patients in for cancer screening appointments and for effectively following up on any missed appointments.
- We also noted that nurses operated effected failsafe systems to ensure results were received for each cervical screening sample taken.
- During our inspection the practice provided evidence of a comprehensive action plan for 2018/19 produced in efforts to improve uptake of breast cancer screening. The action plan was produced in conjunction with the Health Promotion department of City, Sandwell and Walsall breast screening service and as part of this work, established mobile screening units were in situ at a

local supermarket car park between January/August 2019. Therefore to maximise use of this service the practice focussed on promoting this through writing to eligible patients; this also included use of pictorial leaflets to gauge attention. There was an increase in promotional material displayed throughout the practice and the practices text messaging system was used to send appointment screening reminders. The practice was in the process of analysing the results of this work to determine uptake rates at the time of our inspection however staff expressed that they felt this had been a positive piece of work overall.

- In addition, the practice provided evidence of a comprehensive action plan for 2018/19 produced in efforts to improve uptake of bowel cancer screening. Records of the action plan noted that the practice had been in contact with a speciality screening practitioner who in May 2019 attended the practice to deliver staff training around use and information regarding bowel cancer screening kits, this was delivered to the whole practice team. Other completed actions included increased display of promotional material and the development of GP-endorsement letters which were addressed personally to patients to gauge attention, along with their bowel cancer screening kit. We noted that enhanced patient leaflets were also sent as part of this work. GPs completed online training as part of their continuing professional development in this area and nurses received training in face to face health promotion to help in this area. The practice was in the process of analysing the results of this work to determine uptake rates at the time of our inspection however staff expressed that they felt this had been a positive piece of work overall, with an opportunistic approach being taken to encourage screening from all areas of the practice; from reception through to consultation stage.
- Unverified and unpublished data provided by the practice highlighted that at the time of our inspection 84% of the practices patients with cancer (diagnosed within the preceding 15 months) were up to take with their reviews.
- We noted that although no statistical variation was identified for the treatment new cancer cases, the practice achievement was below the CCG and national averages. We saw examples of timely two week wait referrals, which included those resulting in treatment during our inspection. Our review of these cases on the patient record system presented no issues with regards to the referral process or the management of these cases.

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.
- 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. The practice reviewed vulnerable patients at local residential homes.
- The practice was a new member of the Safe Surgery community to provide healthcare to all patients regardless of their nationality or immigration status. This could include pregnant women, survivors of trafficking and people who have fled war. The practice was also a new member of the

Armed Forces Veteran Friendly GP practices and staff explained how they were using this network to help support individual patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.
- Same day and longer appointments were offered when required.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice operated virtual clinics in conjunction with clinical specialists and secondary care consultants for people experiencing poor mental health.

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>	94.3%	93.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	34.0% (18)	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>	97.4%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	28.3% (15)	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>	82.8%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	6.0%	6.6%	N/A

Any additional evidence or comments

We looked in to the practices exception rates as part of our inspection and found that following a system migration the practice found that some patients had been incorrectly allocated to specific disease and long term conditions registers, therefore to ensure accuracy of registers the practice was excluding these patients; this contributed towards high exception rates. We noted that the practice had made contact with their IT and system providers to take steps to address this issue.

When we looked in to specific exception reporting cases during our inspection we did not identify any inappropriately excluded patients. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excluded; following three (and sometimes more) attempts from the practice. Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that vulnerable patients were not inappropriately excluded. There was clinical oversight of the practice's exception reporting, this was supported by the GPs.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.5	546.1	537.5
Overall QOF score (as a percentage of maximum)	99.2%	97.7%	96.2%
Overall QOF exception reporting (all domains)	8.8%	6.1%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice provided evidence of improved patient care and outcomes through clinical audits during our inspection. For example, we saw a repeated audit focussing on their prescribing of antibiotics which showed an improvement in appropriate prescribing rates and adherence to formulary. We saw that the practices prescribing rates for antibiotics were also below local averages, showing a consistent positive variation in the prescribing trend.

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	Y

treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	
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>Evidence demonstrated that appropriate recruitment, induction, training and supervision arrangements were in place. We saw that staff were up to date with any essential and mandatory training, with access to regular appraisals, one to ones, clinical supervision and revalidation.</p> <p>We noted that on occasions where locum GPs were used, such as to cover annual leave, there were also appropriate recruitment and induction systems in place and efforts were made to try and use the same locum GPs for continuity of care.</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
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we saw evidence to support that regular multidisciplinary working took place with</p>	

inclusion from other health and social care services. We also saw evidence to support that formal safeguarding and palliative care meetings were taking place in the practice.

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
Patients had access to appropriate health assessments and checks.	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: N/A	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.3%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.6% (24)	0.6%	0.8%	N/A

Consent to care and treatment

The practice was able to demonstrate that it 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
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	

Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for immunisations and minor surgery procedures.

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 practice had a formal business plan in place which was continually monitored and reviewed.	

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.	Y
Explanation of any answers and additional evidence: We noted that the practices business plan included an objective for the practice to continue to work and grow within their primary care network (PCN); Birmingham East Central PCN and to develop new integrated models of care, in conjunction with partner practices. There was additional evidence of future goal setting within the practice, goals included to grow and develop the practices patient participation group (PPG), to continue to work with the University of Birmingham and West Midlands Deanery in training and supporting GPs for the future and to continue to encourage more students and doctors to join general practice. Conversations with staff from various areas of the practice on the day of our inspection was reflective of the practice's vision and strategy within their overarching business plan.	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We noted that overall the practices policy on managing complaints reflected NHS complaints guidelines and that complaints were satisfactorily handled in a timely way. There were effective systems in place for recording and acting on significant events. Our review of the practices significant events and complaints received in the last 12 months showed that they were managed with candour. We saw that staff had completed training in equality and diversity. This was also complemented by supporting policies including a policy to ensure that patients including those of transgender, gender fluid and non-binary definitions were treated with equality and diversity. 	

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

Source	Feedback
Interviews with staff	Staff spoke positively about working at the practice. They described a close team and expressed that they were confident to raise concerns and to make suggestions at work. Management described the team as hard working, flexible and adaptable, management confirmed that they felt valued and supported in their role. We also spoke with a GP trainee and a GP registrar during our inspection, both spoke positively about their experiences so far at the practice. They confirmed that they felt supported and spoke highly of the induction, training and supervision in place.

Governance arrangements

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

	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:	
<ul style="list-style-type: none"> We saw that good governance was applied when assessing risks associated with the premises and infection prevention and control. For instance, records highlighted that the practice had completed actions following their April 2018 audit to ensure good infection prevention and control. Actions included the replacement of a lamp in the minor surgery room for better cleaning and the removal of two damaged chairs to mitigate risks. We saw good governance reflected in other areas, for instance Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) were clearly signed to support that staff had the appropriate authorisations to administer medicines. We saw that policies were practice-specific and well embedded, this included safeguarding processes and practices which were effectively implemented. Evidence demonstrated that the practice followed good safeguarding practices, staff we spoke with were well-informed and trained to appropriate safeguarding levels for their role. We saw that the practice received and acted on safety alerts however we noted that the record keeping of this system required strengthening in order to reflect good governance. For example, we were able to see evidence of alerts received and acted on however there was no clear system to show all alerts received and actions taken, or not taken, in each case without checking for completed actions on the patient record system. We were assured through evidence, of actions taken across a sample of alerts viewed during the inspection period. Shortly after our inspection took place the practice provided further evidence to advise that there were plans in place to utilise document management system as a way to record all alert activity. 	

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.	Y
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.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
There were effective arrangements in place for identifying, managing and mitigating risks. For example:	
<ul style="list-style-type: none"> The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. 	

- There were systems in place to ensure that staff recruitment was safe and recruitment checks were carried out in accordance with regulations.
- There was an effective approach to managing staffing levels to ensure that capacity met demand.
- The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures. There were effective systems in place for monitoring emergency medicines to ensure suitability of stock, as well as for checking stock levels and expiry dates.
- Staff knew how to identify and manage patients with severe infections including sepsis. We saw that this had also been covered in staff meetings and was also covered in a presentation for medical students at the practice.

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
Explanation of any answers and additional evidence: N/A	

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
The practice had an active Patient Participation Group.	N
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
Explanation of any answers and additional evidence: At the time of our inspection the practice was in the process of re-establishing a patient participation group (PPG). Staff we spoke with explained that there was an active PPG in place for several years (we saw evidence to support this) however following a relationship breakdown the practice decided to reinstate a PPG for 2019. We saw that an action plan was put in place to help with this work, completed	

actions included promoting a new PPG in efforts to recruit members and we saw that the practice was being supported by their Clinical Commissioning Group (CCG) with this work. Evidence showed that the practice had appointed five members at the point of our inspection and they were due to have their first PPG meeting as a newly formed group in October 2019.

We saw that the practice also sought feedback from patients through in-house surveys, as well as through complaints, responses to feedback on NHS Choices online and for their NHS friends and family test (FFT). We saw that trends and themes were monitored in relation to feedback overall and action plans were produced to help improve on areas where needed.

The practice took action in response to the results of the national GP patient survey which was published in July 2019. The survey which reflected January/March 2019 had a response rate of 28.4% and represented 2% of the practices registered patients. The practices results were mostly positive with the exception of getting through to the practice on the phone. The practice achieved a 46.3% satisfaction rate compared with the national average of 68.3% for this area.

Evidence provided and conversations with staff during our inspection demonstrated that the practice was aware of previous telephone access issues. We saw that the practice had taken a number of steps to identify the root cause in efforts to resolve the problem. This included undertaking telephone audits and monitoring exercises, as well as liaising with their telephone provider to trigger an investigation.

Evidence confirmed that engineers had attended the practice to assess the phone system in order to establish why patients were being left on hold, unable to get through on the phone. A further visit took place in July 2019 from the practices telephone supplier company and they found that the cause of the problem was due to the previous supplier failing to disconnect one of the phone lines when the practice changed their telephone system in December 2017, records noted that due to the complexity of these technical issues the practice would not have been able to identify the cause of the problem. However the practice was thereafter able to have the line appropriately disconnected which resolved the issue with their telephone waiting times.

Feedback from Patient Participation Group.

Feedback

There were no PPG members available to speak with at the time of our inspection however the practice had appointed five members who were due to have their first PPG meeting in October 2019

Any additional evidence

We received a total of 39 CQC comment cards as part of our inspection. There were no negative comment cards, all cards were positive describing staff as caring, friendly and helpful. Some cards were complimentary with regards to specific care and treatment provided by the practice. Amongst the positive comments, there were four that highlighted appointment challenges in terms of availability and getting through on the phone. Other cards were positive with regards to accessing appointments.

Continuous improvement and innovation

There was 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: We saw that the practice shared learning from significant events and complaints through practice meetings.	

Examples of continuous learning and improvement

We saw that the practice had monitored their flu vaccination uptake rates for specific cohorts of patients, such as those aged 65 and over. Data provided by the practice highlighted that during the 2017/18 flu season 72% of their patients aged 65 and over had received their flu vaccination and 13.6% had refused. The practice had explored their refusal rates further and noted that reasons for refusal were often down to personal and cultural reasons. To improve their uptake rates for the upcoming 2019/20 flu season the practice had produced a formal plan with actions that included opportunistically offering flu vaccines and a drive in offering specific advice and education to those likely to refuse, in efforts to encourage uptake.

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.