Care Quality Commission

Inspection Evidence Table

Moss Grove Surgery - Kinver (1-549422588)

Inspection date: 12 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, 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: The practice followed current evidence based best practice recommendations from both the Clinical Commissioning Group (CCG) and national best practice guidelines e.g. from the National Institute of Clinical Excellence (NICE).	

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)	0.43	0.54	0.77	No statistical variation

Older people Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • The practice carried out structured annual medication reviews for older patients.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- 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) (QOF)	81.0%	78.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.2% (10)	11.7%	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) (QOF)	79.1%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.2% (13)	10.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	79.0%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.5% (20)	13.9%	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) (QOF)	86.2%	76.6%	76.0%	Variation (positive)
Exception rate (number of exceptions).	10.4% (42)	11.1%	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) (QOF)	89.7%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.0% (8)	11.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.7%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (25)	4.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	91.2%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	5.3%	6.7%	N/A

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 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)	35	37	94.6%	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)	40	43	93.0%	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)	41	43	95.3%	Met 95% WHO based target
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)	41	43	95.3%	Met 95% WHO based target

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.
- 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.
- There were evening appointments one day a week at the providers other practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical	78.1%	N/A	N/A	Below 80% target

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) **(PHE)**	71.7%	71.7%	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)**	62.3%	58.4%	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)**	89.2%	71.5%	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)	45.2%	47.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with a learning disability were supported to make the most of their existing life skills and encouraged to be an active part of the community. Flexible appointments were offered to these patients and the time of day tailored when possible to meet their individual needs.
- All patients with a learning disability were offered an annual health check. The practice held a learning disability register with 31 patients identified as requiring support.
- STOMP and STAMP initiatives were a dedicated item on clinical meeting agendas. (STOMP stands for Stopping the Over-Medication of children and young People with a learning disability, autism or both and Supporting Treatment and Appropriate Medication in Paediatrics was STAMP)
- Patients who were vulnerable were offered priority appointments to support their needs.
- 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 young patients at local residential homes and supported these patients to maintain their existing life skills and participate in village life as much as possible.
- The practice supported veterans and had gained Military Veteran Aware Accreditation.

- Patients who had no fixed abode were able to register at the practice and use the practices address even though the practice had not signed up for the safe places scheme.
- The practice supported people who lived nearby in a caravan park, as well as the temporary residents this park could sometimes generate.

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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.3%	90.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	17.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.4%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	14.8%	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) (QOF)	93.5%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.8% (3)	5.4%	6.6%	N/A

Any additional evidence or comments
The practice had a dedicated board displayed within the reception area to support people who had or who lived with people who had dementia. The board offered explanations about how people were affected by the condition and offered navigational help for further support. We spoke with representatives from the care homes who supported people with a learning disability. They told us that the people they supported received an excellent service they got from the practice. The representatives told us that the GPs really understood the needs of their patients and took all the time they needed to support them. They reported that they could always get appointments and same day visits if needed. They also told us that they could always get telephone advice if they needed it. Some of the people they supported liked to walk into the village and the GP surgery welcomed this and arranged appointments to meet patients' individual needs. During our inspection we observed that the practice had received a call and that a vulnerable patient was offered an appointment during a quieter period and was immediately seen on arrival at the practice.

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)	554.9	543.0	537.5

Overall QOF score (as a percentage of maximum)	99.3%	97.1%	96.2%
Overall QOF exception reporting (all domains)	4.1%	5.8%	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

- The practice had a forward audit plan with a comprehensive selection of clinical audits. Many of these audits had already completed their two cycles and others had second cycles planned.
- For example, guidelines for care of patients who had a splenectomy (a surgical procedure to remove the spleen) had been revised and the practice ran a search to identify any affected patients. The practice search identified that they had nine patients at the first audit. None of the nine patients had standby antibiotics or prophylactic antibiotics in place and not all of the patients were up to date with all recommended vaccinations. At the end of the second cycle all patients had been contacted, all except for one had responded and except for one had been brought up to date with the required vaccinations, and either prophylactic or standby antibiotics. The practice noted that one of the patients identified at the first audit had moved location between the practice carrying out the first and second audits.
- The practice carried out ongoing audits in a medicine used to manage epilepsy and women of childbearing age. Although the audit identified all measures taken with patents to ensure that they had all preventative measures in place to prevent pregnancy, the audit did not include onward referrals to neurological appointments within secondary care.

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.	N/A
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: At the time of inspection the practice had identified that they were behind with the training and appraisal plans for administrative staff the year. They Staff we spoke with told us that the practice had been short staffed since March 2019. However, the practice had recently appointed a new practice manager who had recruited additional staff; some of these were newly in post and others were expected to commence employment within the next couple of months. Clinical staff were up to date with appraisals and staff we spoke with told us how the practice supported them with ongoing learning needs which were identified during the appraisal process. The new practice manager had a plan in place to ensure that all training was completed soon. Staff we spoke with told us that appraisals had been discussed and planned. New staff we spoke with described tailored induction programmes based on adult learning programmes and were aligned with their specific learning needs.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018)	Yes

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence: Multidisciplinary meetings to support patients at the end of life and with complex conditions were held and their care plans were updated. The practice tried to ensure continuity of GP whenever possible with these patients.	

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
Explanation of any answers and additional evidence: The practice supported patients with a learning disability to maintain their existing life skills. Patients were encouraged to choose to walk to the surgery where this was possible. A healthy life style was promoted by the practice and patients were signposted to help and support when local initiatives had been withdrawn.	

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) (QOF)	94.5%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (8)	0.9%	0.8%	N/A

Consent to care and treatment

The practice always obtained that it 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: The practice carried out minor surgery and had recently updated its policy in line with best practice and national guidance. The practice was aware of Gillick competencies and Fraser guidelines and had processes in place to support younger patients in line with the Gillick competencies. Gillick competence is a term originating in England and is used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.	

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had ensured that a succession planning was part of their business as normal. They had a succession plan in place and included reviews of practice needs at the monthly partners meetings.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had recently had permission from the Clinical commissioning Group (CCG) and National Health Service England (NHSE) to change from NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group to NHS Dudley Clinical Commissioning Group. This change would become effective from April 2020. As part of their preparation for this transfer the practice had engaged with staff and was in the process of developing a new vision and strategy. At the time of inspection, the old mission statement was still in place in reception. The practice manger confirmed that this had been removed immediately after inspection. The confirmation of CCG move had only been received by the practice the day before our inspection. Staff we spoke with told us about the new ethos and that it included looking after the staff as well as the patients.	

Minutes we reviewed from a range of meetings held, including partners meetings, staff meetings and clinical meetings which showed that the practice had identified clear roles for all staff and that that lead areas were identified for partners.

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

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

Source	Feedback
Staff	Staff we spoke told us that the practice was very supportive of them and that there was a genuine team feel at the practice.

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: The new structure, implemented following the recent appointment of the new practice manager had been widely shared and staff knew who to go to for help on any topic. Staff photographs displayed in the waiting area were arranged into clear teams which supported the team culture nurtured by the practice.	

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: We saw evidence that all risks were managed and that suitable safety checks were in place for equipment and fire alarm testing.	

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

Engagement with patients, the public, staff and external partners

The practice involved 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

Explanation of any answers and additional evidence: The practice had an active patient participation group (PPG) who worked with the practice to get the views of patients on a range of topics. We saw that the PPG worked in teams and supported new initiatives in the practice by being in the waiting area to support patients, for example with using the new electronic check in screen.

The practice had captured requests from patients with a “You asked: We did” board. Requests that had been actioned included longer appointments made available for people with mental health issues. The practice had adopted this and ensured all staff undertook training in mental health awareness.

Patients requested diabetic retinopathy to be available locally and the practice arranged to host a session at the practice every three months.

An electronic check in screen had been requested and recently installed at the practice.

As part of the consultation process the practice had engaged with patients and other stakeholders to support its application to move Clinical Commissioning Group. The practice had made a comprehensive schedule of public meetings available to all stakeholders and patients. The practice had encouraged all stakeholders to engage and ask questions and demonstrated that the opinions of its patients were important to their plans. The practice was clear that service to patients living in Kinver and using the Kinver surgery would not be disrupted when the practice changed CCGs.

Feedback from Patient Participation Group.

Feedback
Representatives of the patient participation group we spoke with told us that the practice was willing to listen to their views and that they felt valued by the practice when they made suggestions.

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.	Yes

Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice regarded complaints and significant events as valuable tools to learn and improve from. Complaints were treated the same way as significant events. The practice was in the process of including dedicated root cause analysis to its significant event process at the time of inspection. They had identified the need to improve their process during their annual process and policy review. The practice had a forward audit plan and demonstrated sharing and learning from all of their clinical audits widely across both the Kinver and Kingswinford practices.	

Examples of continuous learning and improvement
The practice supported apprentices within administrative functions and had a strong focus on education. The practice supported work experience days for young people who were interested in careers in medicine. The practice had supported a range of CCG pilots for improved technologies in diagnostics and care. For example, a specific blood test for suspected heart attacks which could be taken and tested immediately, improving outcomes and treatment. The practice held a teaching and learning session for all staff every two weeks.

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.