

Care Quality Commission

Inspection Evidence Table

Waterside Medical Practice (1-559672071)

Inspection date: 22 October 2019

Date of data download: 11 October 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

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>	0.89	0.72	0.75	No statistical variation

Older people

Population group rating: Outstanding

Findings

- All patients over 75 had a named GP.
- A lead nurse carried out pro-active home visits to those patients who were vulnerable or housebound to carry out a full assessment of their physical, mental and social needs and ensure appropriate care plans were in place. This was to ensure older people received the support they needed to prevent deterioration requiring hospital admission. Data demonstrated that 18% of patients who would normally have been seen by a GP were seen by the lead nurse as a proactive home visit. This meant more GP appointments were available for other patients.
- 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 had developed a 'leg clinic' supported by a 'leg club', run by the lead nurse. The 'leg club' recognised a need for the disproportionately higher percentage of older patients living in Hayling Island. Patients with leg wounds attended regular appointments with the lead nurse for clinical care of the wound. They received high quality care using evidence-based techniques such as a leg sluice, wound measurement and photographs, appropriate dressing and redressing and an initial one-hour appointment which included a full vascular assessment. A recent audit demonstrated that average healing time for leg wounds had reduced from 24 to 12 weeks. Patients also attended a 'leg club' at the practice for education and support both clinical and peer to encourage leg healing. The practice surveyed every patient and feedback from patients was overwhelmingly positive. They described the service as 'invaluable' and 'a real tonic.' Patients whose ulcers had healed were encouraged to continue to attend the leg club to help prevent re-occurrence. Patients without their own transport were collected by volunteers from a local voluntary service.
- The practice worked in partnership with a local voluntary service to provide a specific service tailored to patient need, by providing a room and facilities to support volunteers and taking part in fundraising activities. Services which supported practice patients included a 'knit and natter' group, lip reading lessons and hearing support, a veterans support group and a cancer support group. The groups were popular with patients, for example over 90 veterans attending the group.
- The practice had a high percentage of patients over 65 which multiple conditions and as a result the practice had increased routine appointment time from 10 minutes to 15 minutes.

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.
- The practice had identified a need for patients with multiple long-term conditions and had used an innovative approach to develop a 'rainbow clinic' to meet the needs of patients. Following a workshop, the practice had developed a colour coded system to identify over 20 sets of conditions. For example, a patient with diabetes, hypertension and COPD would be sent a 'teal' letter, the colour identified to staff how long an appointment was needed and with which staff members. Once the colour was entered the system defaulted to the correct amount of appointment time. This enabled patients to have all their conditions reviewed in one appointment by competent and skilled staff. This took away the need for older patients, who may have reduced mobility, to make repeated visits to the practice for reviews. Staff found they were able to plan better and work more effectively and efficiently. Practice data demonstrated that during the period 1 April to 30 September 2019 the practice was able to complete 1,033 long term reviews compared to 598 during the same period in 2018. More patients received the care they needed in a timely way.
- Exception reporting levels for patients with some long-term conditions was lower than other practices in the locality as a result of the practice appointing a dedicated administrative member of staff to manage long term condition review monitoring and recalls. This had ensured that patients received their reviews in a timely manner and as few as possible were excepted.
- The practice worked with a local voluntary service, by providing a room and facilities to support volunteers and taking part in fundraising activities. Services which supported practice patients included a singing for wellbeing group which supported patients with chronic obstructive pulmonary disease (COPD). 20 patients with COPD attended the group and gave positive feedback.

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>	79.4%	82.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.2% (38)	16.8%	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>	86.2%	82.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (23)	8.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	81.3%	79.4%	80.1%	No statistical

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>				variation
Exception rate (number of exceptions).	10.6% (65)	14.9%	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) <small>(QOF)</small>	74.4%	76.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (7)	7.6%	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>	91.3%	92.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.2% (35)	10.8%	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) <small>(QOF)</small>	86.2%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (33)	3.7%	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>	91.4%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (33)	7.7%	6.7%	N/A

Any additional evidence or comments

The practice demonstrated low exception reporting. There was a designated clinical lead for Quality Outcomes Framework (QOF) monitoring. The lead ensured close monitoring and was the only staff member able to except patients. The practice policy was to contact patients by letter, text and telephone call and to plan in advance. The lead used previous years data to plan for the next QOF year, for example patients who had been difficult to engage with in the previous year were targeted early.

Findings

- The practice has met the minimum 90% target for childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four childhood immunisation uptake indicators. Population demographics showed a high percentage of patients over 65 and a low percentage of families and children. The practice told us this meant that sometimes non-attendance of one family skewed the reported outcomes.
- 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 identified a need to improve childhood immunisation rates and had set up a dedicated clinic run by two nurses to meet this need. The new clinic had received positive feedback from patients and unverified 2018/19 QOF figures indicated that this had improved immunisation rates in all four groups to 100%.
- 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.
- The practice provided accommodation free of charge for a local midwife. This meant patients were able to attend appointments at their own practice and avoided the need to travel to Havant to access maternity services.
- The practice produced mother and baby packs for new parents.

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)	64	68	94.1%	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)	53	57	93.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for	52	57	91.2%	Met 90% minimum

Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)				
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)	52	57	91.2%	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

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered an extended hours service from 7am three mornings a week and until 7.30pm one evening a week to enable working people to attend for an appointment out of work hours.
- The extended hours appointments included access to cervical screening appointments.
- The practice had upgraded its website to encourage greater use of online services. The practice asked patients how they would have contacted the practice if they had not used the website. Analysis of responses demonstrated that during the month of September 2019; 530 phone calls to the practice were avoided, 405 visits in person to the practice were avoided and 102 appointments were avoided.
- The practice had developed a 'same day hub' service. The hub was manned by a variety of staff including a nurse practitioner, a paramedic and GPs. This ensured that urgent patients and patients who required a same day service were triaged and treated appropriately that day. The practice had carried out a survey of patients who had used the same day service. Patients were happy with the service provided and one had commented they were able to get an appointment within an hour.
- A dedicated clinic, with a nursing assistant, was held for patients requiring coils and implants for contraception.

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	76.5%	N/A	80% Target	Below 80% target

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)	75.8%	73.3%	72.1%	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)	63.3%	62.3%	57.3%	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)	87.5%	76.4%	69.3%	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)	32.4%	45.5%	51.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice were aware of their cervical cancer screening rates and had opened up extended hours appointments to encourage patients to attend at a time suitable to them. Unverified data for 2018/19 QOF demonstrated that the practice had met the 80% target and that the number of new cancer cases treated which resulted from the two week wait had increased to 55.5%.

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. Patients were offered health checks in their own home.
- 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.
- The practice attended monthly gold standard framework meetings with district nurses and other community professionals to ensure patients approaching the end of their life received appropriate supportive care.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

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 (20 to 30 minute) appointments were offered when required.
- 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.
- The practice worked with a local voluntary service, by providing a room and facilities to support volunteers and taking part in fundraising activities. Services which supported practice patients included a 'games for brains' group which supported patients living with dementia.

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>	87.8%	93.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.5% (6)	10.3%	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>	87.2%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (2)	9.1%	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>	83.0%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (4)	4.5%	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
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Overall QOF score (out of maximum 559)	554.0	554.9	537.5
Overall QOF score (as a percentage of maximum)	99.1%	99.3%	96.2%
Overall QOF exception reporting (all domains)	3.6%	5.6%	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

<p>The practice carried out a polypharmacy audit of 10 patients aged over 75. Polypharmacy means patients who are prescribed multiple medicines. As a result, a total of 35 medicines were stopped and the average number of medicines prescribed per patient reduced from 20.5 to 17.5. Other interventions as a result of the review included blood tests, dosage amendments and medication safety reviews.</p> <p>The practice carried out a review of antimicrobial stewardship. The audit demonstrated that between June 2015 and November 2018 overall antibiotic prescribing reduced by 14% and trimethoprim prescribing had reduced by 65%. Actions had been taken to support GPs in prescribing the right antibiotics for the right period of time.</p>
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Any additional evidence or comments
<p>We were shown evidence that new oral anticoagulant (NOAC) prescribing was analysed to ensure appropriate monitoring arrangements were in place. NOAC medicines are used in the prevention of stroke and for patients with atrial fibrillation. Patients prescribed hydroxychloroquine were contacted to monitor whether patients had received a recent eye test. Hydroxychloroquine is a medicine to treat malaria and rheumatic conditions and can cause damage to the retina.</p>

Effective staffing

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

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

Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

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

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
<p>Explanation of any answers and additional evidence:</p> <p>The low exception reporting showed that more patients with long term conditions were receiving consistent monitoring of their condition to support a healthier life.</p> <p>The introduction of the 'rainbow clinic' supported staff in delivering more effective care to patients with multiple long-term conditions to ensure their conditions were managed in the best possible way to support long term health.</p> <p>GPs were able to refer patients to weight loss programs and 'exercise on prescription'. The practice was a 'parkrun practice', having adopted the Royal College of General Practitioners initiative to promote health and wellbeing of patients and staff through support of the local parkrun.</p> <p>The practice had access to refer patients to falls prevention programs and diabetes prevention programs.</p>	

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>	95.1%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (5)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: The practice carried out minor surgery with appropriate consent. We did not review any records where a mental capacity assessment was required. GPs told us they were aware of the Mental Capacity Act 2005 and knew how to implement it. All staff including GPs had completed Mental Capacity Act training.	

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: Staff gave positive feedback about partners and managers leadership style and approachability. Staff were given opportunity to develop ideas and taken ownership of development projects. Succession planning was in place for key members of staff.	

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

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
Explanation of any answers and additional evidence: Staff went on 'motivation walks' on Friday lunchtimes, if they chose. Staff told us these were usually to the beach for an ice cream.	

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

Source	Feedback
Staff feedback	Staff reported positively about working at the practice. They told us there were development opportunities and they felt supported and listened to. They felt it was a friendly place to work. A member of staff told us about a project they felt passionately about and had been able to develop. This had resulted in a cancer support group being set up as part a local voluntary service, giving advice and support for older patients living alone with cancer.

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.	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:
 The practice had applied for and received resilience funding for a complete restructuring of their administrative system. Management told us this had been a positive experience resulting in promotions and new opportunities for some staff, time efficiencies and freeing up GP time for clinical care. There was a structure of regular meetings which included, partner, clinical and staff meetings. Each meeting had a set agenda which included safeguarding and serious incident reporting.

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

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: There was widescale use of data from all sources to identify areas for improvement, monitor treatment and care and support staff in their roles.	

If the practice offered online services:

	Y/N/Partial
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The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: The practice's website was monitored on a daily basis and monitoring data was used to encourage and improve patient use. Data demonstrated that use of the website was saving telephone calls into the practice, patient visits to the practice and appointment time with clinical staff.	

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice engaged with and supported a local voluntary service by providing a room and facilities to the group. Staff also engaged in fundraising activities. This had a resulted in a working relationship which supported patients' needs. Patients from the practice attended various support groups such as the veterans support group, a singing group and various coffee mornings. The practice also worked with the service on one off projects, such as arranging a Christmas meal for patients living alone. The practice was decorated with brightly framed pictures as a result of an art competition with a local school. The practice offered prizes and displayed the prints in the practice to add interest for patients. The building was shared with another GP practice and both practices worked together to hold weekly educational meetings. Other joint projects included working with the horticultural society, in planting daffodil bulbs in the practice outside areas and raising money for local charities.	

Feedback from Patient Participation Group.

Feedback
During the inspection, we spoke with a representative of the PPG. The PPG had recently been formed and was still being developed. They met regularly, every six weeks and meetings were attended by both the practice manager and the lead GP. The PPG had been involved in supporting the influenza vaccination programme and were actively recruiting new members.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
<p>The practice regularly analysed data and carried out surveys and audits to monitor how the practice was performing. For example, the practice had carried out surveys in relation to all their new services, same day hub, leg club and baby immunisation clinics. The practice analysed patient deaths to ascertain how end of life care had been delivered and where the patient died to determine whether improvements could be made. The practice also analysed use of their website to determine how patients accessed their services and how this could be improved.</p> <p>The practice manager maintained an action plan of planned improvements to the practice to be achieved in the year. For example, the practice planned to improve its environmental impact by applying the 'Green Impact for Health' toolkit.</p> <p>The practice had applied for and received resilience funding for a complete restructuring of their administrative system. Data showed that between 2018 and 2019, an extra 16% of GP time had been freed up for clinical care. The practice told us they were currently revisiting the project to determine whether further improvements could be made to the new model.</p> <p>The practice had upgraded its website to encourage, facilitate and support patients to use online services. Website footfall was closely monitored to determine which services were most often accessed and the impact on the practice for example, number of telephone calls to the practice saved.</p>

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.