

Care Quality Commission

Inspection Evidence Table

Sutherland Lodge Surgery (1-3485884752)

Inspection date: 07 October 2019

Date of data download: 04 October 2019

Overall rating: Good

We inspected this practice in December 2017 and rated the practice as inadequate overall. A focused inspection was completed in January 2018 to check whether the provider had taken appropriate action to lower the risk, which they had. A warning notice was issued for regulation 17: Good Governance, to ensure the practice made appropriate improvements. We reviewed compliance with the warning notice during a focused inspection in July 2018 and found that they had complied with the warning notice.

We then carried out a comprehensive inspection, in November 2018, to follow up on breaches of regulation and to re-rate the practice. During this inspection, we found that sufficient improvement had been made to take the practice out of special measures, however some breaches of regulation were still found, and the practice was rated as requires improvement overall. This was because: there was an inconsistent approach to carrying out health checks; information from discharge letters had not always been followed up; there was an inconsistent approach to NICE guidelines; there were areas within the safeguarding process that required strengthening; risk assessments did not always document that actions taken had been completed; actions taken following a complaint or significant event were not always reviewed to ensure that measures taken to reduce the likelihood of it occurring again were effective.

During our latest inspection we found that systems were more effective and processes surrounding performance monitoring were reviewed, and improvements to performance had been made.

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

Safe

Rating: Good

At our inspection in November 2018, we rated this practice as requires improvement for providing safe care and treatment. This was due to: gaps within the safeguarding systems; a lack of assurance that learning from significant events had led to improvements.

This inspection we rated the practice as good for providing safe care and treatment because:

- We found that safe services were being provided and the concerns raised at the previous inspection had been resolved.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: We found that since our last inspection patient records had been updated so that where a record held a safeguarding alert, the alert was also linked to family/household members. Multi-agency safeguarding meetings were held monthly at the surgery. Failed attendances for appointments were followed up and if no contact could be made with the family/carers after three attempts then the child would be discussed at the multi-agency meeting.	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21/05/2019	Yes
There was a record of equipment calibration. Date of last calibration: 24/06/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 01/10/2019	Yes
There was a log of fire drills. Date of last drill: 11/07/2019	Yes
There was a record of fire alarm checks. Date of last check: 03/10/2019	Yes
There was a record of fire training for staff. Date of last training: completed individually	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 03/10/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 01/10/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/09/2019	Yes
Explanation of any answers and additional evidence: Risk assessments contained evidence of completion of follow up actions.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out: Including Hand Hygiene Date of last infection prevention and control audit: 23 September 2019-11 November 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However antibacterial prescribing was higher than averages.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.97%	1.11	0.88	-
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	14.6% ¹	10.4%	8.6%	Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	6.61 ¹	5.64	5.63	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.27	1.85	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ Prescribing data for the indicator relating to antibacterial medicines prescribing was lower in the preceding year at 11.1% (latest data is 14.6%).</p> <p>The practice was aware of their higher prescribing levels for some areas and were taking actions to reduce this. The practice had an audit underway to demonstrate their reduction in broad spectrum antibiotic prescribing, which the practice informed us was starting to evidence this, however this was not completed at the time of our inspection. The practice was now using a prescribing tool designed to optimise and improve the safety of prescribing.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	25
Number of events that required action:	25
Explanation of any answers and additional evidence:	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
Allergen present in prescribed medication	An apology was given to the patient. The incident was investigated and found to be an issue with the existing allergen alert not prompting a check for this type of medication. The system for alerts of this type was reviewed and all other potential patients the issue may affect were checked and measures put in place to mitigate this risk in future.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts. Records showed that appropriate actions were taken. The regional pharmacist had oversight of these and ensured that actions have been completed.	

Effective

Rating: Good

At our inspection in November 2018, we rated this practice as requires improvement for providing effective care and treatment for the population groups: people with long-term conditions, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health. This affected the rating of the key question effective, making it requires improvement. This was due to a lack of effective process for the reviews of: patients with a long-term condition; those whose circumstances make them vulnerable; and those experiencing poor mental health.

At this inspection we rated the practice as good for providing effective care and treatment because:

- Effective services were being provided and verified data for 2018 to 2019 showed that the practice performance for these population groups had improved.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

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)	0.80	0.91	0.75	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
(01/07/2018 to 30/06/2019) (NHSBSA)				

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.

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. • 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.

Diabetes Indicators	Practice	CCG average	England average	England comparison	Verified data for the period
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					2018-2019
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>	69.1%	74.4%	78.8%	No statistical variation	73.6%
Exception rate (number of exceptions).	6.3% (39)	12.0%	13.2%	N/A	4.6% (29)
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>	57.7%	69.7%	77.7%	Variation (negative)	69.3%
Exception rate (number of exceptions).	5.6% (35)	8.9%	9.8%	N/A	5.5% (35)

	Practice	CCG average	England average	England comparison	Verified data for the period 2018-2019
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>	68.0%	73.3%	80.1%	Variation (negative)	75.5%
Exception rate (number of exceptions).	13.0% (81)	12.7%	13.5%	N/A	11.6% (73)

Other long-term conditions	Practice	CCG average	England average	England comparison	Verified data for the period
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					2018-2019
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)	49.4%	74.1%	76.0%	Significant Variation (negative)	75.5%
Exception rate (number of exceptions).	2.7% (15)	8.3%	7.7%	N/A	5.2% (30)
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)	81.7%	89.3%	89.7%	No statistical variation	86.7%
Exception rate (number of exceptions).	10.7% (13)	14.9%	11.5%	N/A	23.1% (27)

Indicator	Practice	CCG average	England average	England comparison	Unverified data for the period 2018-2019
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)	75.3%	81.3%	82.6%	Tending towards variation (negative)	77.8%
Exception rate (number of exceptions).	3.5% (54)	3.9%	4.2%	N/A	2.8% (44)
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)	89.0%	89.9%	90.0%	No statistical variation	95.3%
Exception rate (number of exceptions).	1.7% (3)	4.9%	6.7%	N/A	3.1% (6)

Any additional evidence or comments

Performance data for the period April 2018 – March 2019 showed an improvement in all indicators related to performance for patients with a long-term condition.

Families, children and young people Population group rating: Good

Findings

- The practice has met the minimum 90% target for all four childhood immunisation uptake indicators. The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for two of four childhood immunisation uptake indicators.
- 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)	119	130	91.5%	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)	119	125	95.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	119	125	95.2%	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)	118	125	94.4%	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

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.
- Public Health England performance data for cervical screening was lower than the target for several years.

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)	69.9% ¹	N/A	80% Target	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)	46.6%	70.1%	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)	56.3%	57.9%	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)	42.2%	63.7%	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)	65.3%	54.3%	51.9%	No statistical variation

Any additional evidence or comments

¹ Data over time shows that the practice performance for this indicator has been below the 80% target since 2016. There was no plan in place to promote uptake of this screening. The practice had an audit plan in place, which included audit of cervical screening and analysis of reasons for rejected samples. The practice had had some recent staffing changes within the nursing team and was actively recruiting new nursing staff.

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 considered 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.

**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.
- 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.
- For patients diagnosed with dementia advance care planning was provided.

Mental Health Indicators	Practice	CCG	England	England	Verified data
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		average	average	comparison	for the period 2018-2019
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>	65.7%	85.2%	89.5%	Variation (negative)	90.2%
Exception rate (number of exceptions).	1.0% (1)	17.6%	12.7%	N/A	14.6% (14)
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>	13.1%	79.4%	90.0%	Significant Variation (negative)	84.5%
Exception rate (number of exceptions).	1.0% (1)	16.5%	10.5%	N/A	12.5% (12)
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>	70.0%	83.3%	83.0%	No statistical variation	87.3%
Exception rate (number of exceptions).	7.9% (6)	9.2%	6.6%	N/A	6.4% (7)

Any additional evidence or comments

Performance data for the period April 2018 – March 2019 showed an improvement in all indicators related to performance for people experiencing poor mental health.

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	Verified data for the period 2018-2019
Overall QOF score (out of maximum 559)	475.5	529.0	537.5	538.5
Overall QOF score (as a percentage of maximum)	85.1%	94.6%	96.2%	96.3%
Overall QOF exception reporting (all domains)	5.2%	5.2%	5.8%	5.6%

	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

An audit was completed relating to the monitoring of patients prescribed Disease modifying antirheumatic drugs (DMARDs). The initial audit was completed in February 2018. The practice found that appropriate monitoring tests were not completed for all patients. A re-audit was completed in April 2018 and it was found that, although improvements had been made, some patients were still outstanding on the required tests, despite being followed up after the previous audit. All patients had undertaken a monitoring test within the preceding 6 months, however some were scheduled to have monitoring tests on a three-monthly basis. An administrative secretary was responsible for managing recalls and sending of monitoring forms. Following the audit, the protocol was modified so that the system checks were completed monthly. On review in October 2018, it was found that the number of outstanding monitoring tests was reduced, and an explanation was in place for those that were outstanding.

An audit was completed using data from the last three months of 2018, to review whether patients whose death was 'expected' were treated with an appropriate standard of care as per guidance from NICE. The audit evidenced that of the ten patient records that were reviewed, appropriate care, treatment and involvement of patient/carer's took place.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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:	

Smoking Indicator	Practice	CCG average	England average	England comparison	Verified data for the period 2018-2019
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>	89.9%	94.2%	95.1%	Variation (negative)	94.8%
Exception rate (number of exceptions).	0.6% (14)	0.8%	0.8%	N/A	0.5% (12)

Any additional evidence or comments
Performance data for the period April 2018 – March 2019 showed an improvement in the recording of smoking status.

Consent to care and treatment

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

	Y/N/Partial
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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:	

Caring

Rating: Requires Improvement

We rated the practice as **requires improvement** for providing caring services because:

- Data from the national GP patient survey reflected that patient satisfaction was below local and national averages for some of the areas measured.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from most patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards

Total comments cards received.	Six
Number of CQC comments received which were positive about the service.	Five
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	None

Source	Feedback
Comment cards	One person commented how they felt listened to. Another person commented that they witnessed the practice handling an emergency and staff were professional and reassuring in their manner.
NHS Choices	One person commented online, in February 2019, that they had felt staff in reception were judgemental when the person tried to arrange to see a GP.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10530.0	282.0	116.0	41.1%	1.10%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	74.9%	85.9%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	77.6%	85.3%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	94.0%	94.7%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	64.5%	78.3%	82.9%	Variation (negative)

Any additional evidence or comments

The practice was aware of their GP survey data. Patient satisfaction for three indicators had dropped more than 5% from the preceding year 2018.

- The percentage of patients that felt their healthcare professional was good at listening to them was 85.2% for the year 2018 (this has reduced by 10.3%).
- The percentage of patients that felt the healthcare professional was good at treating them with care and concern was 83.2% for the year 2018 (this has reduced by 5.6%).
- The percentage of patients who responded positively to the overall experience of their GP practice was 78.5% for the year 2018 (this has reduced by 14%).

The practice completed its own survey based on questions from the GP survey that they had scored lower for. They received feedback from 57 patients over a month period.

Scores were as follows:

Polite clinician: 98% - answered yes. 2% - answered no

Listening to you: 95% - answered yes. 5% - answered no

Assessing your medical condition: 91% - answered yes. 9% - answered no

Explaining your condition and treatment: 95% - answered yes. 5% - answered no

Involving you to make decisions about your treatment: 95% - answered yes. 5% - answered no

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

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: The practice had easy read invitation templates, to invite patients for annual reviews, for those patients who needed this format.	

Source	Feedback
	We did not receive feedback that related to patient's involvement in decisions regarding their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	92.9%	92.9%	93.4%	No statistical variation

Any additional evidence or comments

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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes ¹
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: ¹ These were available upon request.	

Carers	Narrative
Percentage and number of carers identified.	The practice had 178 carers on their register, this represented around 1.6% of the patient population.
How the practice supported carers (including young carers).	The practice had links with carers UK, and other carer support organisations. They held a young carers event but there was poor attendance. The practice commented that young carers are difficult to identify.
How the practice supported recently bereaved patients.	The practice follows up patients who are recently bereaved where the practice was involved in care and treatment of the deceased. Information on support agencies was offered.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes ¹
Explanation of any answers and additional evidence: ¹ The reception area was open plan however if required, staff has access to either a more secluded area or empty consulting rooms.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes ¹
The practice made reasonable adjustments when patients found it hard to access services.	Partial ^{1and2}
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ The surgery was made up of two houses joined together and consulting rooms were on both floors and occasionally via a couple of steps. Staff ensured that patients were seen in a room that met their individual needs.</p> <p>² We saw from a complaint (see page 34 of the evidence table) that, for one patient, reasonable adjustments had not been made, in order for them to be fully involved with their treatment.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 8pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 11.30am then 2pm to 6.20pm
Tuesday	8.30am to 11.30am then 2pm to 7.50pm
Wednesday	8.30am to 11.30am then 2pm to 6.20pm
Thursday	8.30am to 11.30am then 2pm to 7.50pm
Friday	8.30am to 11.30am then 2pm to 6.20pm

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10530.0	282.0	116.0	41.1%	1.10%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	95.1%	93.8%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. They offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Tuesday and Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area in the evenings and at weekends. 'Hub' appointments were available Monday to Friday between 6.30pm and 8pm. Saturday and Sunday from 8am until 2pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice gave out 'positivity packs' which contained items such as toiletries. People could discreetly request one of these.

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

Population group rating: Good

Findings

Priority appointments were allocated when necessary to those experiencing poor mental health.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- In-house memory workshop were held bi-monthly. The patient participation group supported the practice in running these.
- There was a staff member trained as a mental health champion.
- There was a dedicated area in the practice accessible to all, that offered a quiet, safe space for those who needed it.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	41.5%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	60.3%	60.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	57.6%	57.1%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	78.0%	72.3%	73.6%	No statistical variation

Any additional evidence or comments

Results from the GP survey showed that, patient satisfaction with how easy it was to get through to the GP practice by telephone, had reduced from the previous year. In 2018 satisfaction with telephone access was 61.4%, this represents a 19.9% reduction in satisfaction.

Following the GP survey, the practice had taken a number of steps to try to improve patient access to appointments. They had increased the number of appointments available to book online and increased the number of staff available to answer the telephones during busy periods. The practice had sought quotes for a new telephone system to address the issue of access via the telephone. The practice informed us they were awaiting a major refurbishment to be completed by the property landlord, and the purchase of a new system had been delayed as it would be part of this.

Source	Feedback
Comments cards and patient interviews	Patients told us that, access to appointments was acceptable. The pressure on the system at 8am in the morning was highlighted by one patient.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care. However, we were not assured that all complaints were dealt with equally.

Complaints	
Number of complaints received in the last year.	Ten ¹
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice separated complaints into informal and formal, dependant on the source of the complaint and the nature of the issue. There were ten formal complaints, there were also a number of informal complaints. Reviewing both informal and formal complaints, the complaints categorised as informal did not contain details of the Parliamentary and Health Ombudsman, in the practice's final response letter to the complainant. Although both formal and informal complaints had been investigated, we were not assured that the informal complaints were used to improve the service or were disseminated in the same style as the formal complaints. For example, one of the complaints categorised as informal stated as part of the complaint, that staff did not consider the patient or the patient's carers requests relating to how to position themselves so that the patient could understand what they were saying. The response did not fully address this, although an apology was given. The response did not assure us that consideration had been given to the access requirements of this patient, or that upon discovering this information, reasonable adjustments had been made to ensure the patient was able to be involved in their treatment.</p> <p>The practice informed us that they were aware of this issue with the complaints system and were starting to resolve it.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Prescription error following hospital discharge.	Investigation undertaken to ascertain what had occurred and explanation given
Prescription error following hospital appointment and insufficient staff to answer telephones.	An investigation was undertaken and procedures around GP workload allocations were altered to ensure GPs had sufficient time to deal with prescription issues and other workload management.

Well-led

Rating: Good

At our inspection in November 2018, we rated this practice as requires improvement for providing well-led care and treatment. We served the practice with a requirement notice. This was due to: The practice systems for safeguarding not identifying all risks relating to patients with potential safeguarding issues; a lack of effective systems for completing health checks for those patients with a long-term condition, those people experiencing poor mental health and for patients with learning disabilities; Systems relating to learning and changes from safety events and complaints required further development; processes relating to workflow management for incoming correspondence required strengthening.

We rated the practice as good for providing safe care and treatment because:

- The above concerns had been addressed and work was in progress to ensure that all systems and processes were working effectively.

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.	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:	

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 was committed to improving the level of service that they provided, in order to meet criteria to become a training and teaching practice.	

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
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff interviews	Staff told us that they felt supported, they were aware of their roles and responsibilities. Staff we spoke with demonstrated a clear commitment and enthusiasm to provide the best care possible for patients. Staff were passionate about their roles.

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 practice was now displaying an overall trend of improvement, since being rated as inadequate in December 2017. Performance and governance systems were now much improved.	

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:	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: ¹ The practice was able to give an example of where unusual access was noticed, and investigations had taken place.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:
The practice uses a format for feedback called, "you said, we did?". The practice shared some of their feedback and the practice's response. Patients said that bikes chained to the railings reduced access, so the practice made a dedicated bike area. Patients fed back about male and female toilets and the practice changed them to be gender neutral.

Feedback from Patient Participation Group.

Feedback
Patient participation group (PPG) feels listened to and changes are made, where these are feasible. Though it was commented that sometimes it is not clear why suggestions made are not feasible. The PPG feel valued and included in the development of the practice.

Any additional evidence

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
The practice had regular protected 'shutdowns' to offer staff protected learning times. They operated a

'Gold Card Scheme', so for a very small transient number of patients, usually very vulnerable or patient's on end of life care, they had priority access to treatment.

The practice had responded to feedback from previous inspections and used this to improve the service offered. Virgin Care used feedback and outcomes of incidents and complaints, at other practices that they were contracted to provide services for, and this was used to improve care across Virgin Care practices. The practice was planning to introduce a process for the systematic follow up of people with severe mental illness focusing on their physical health.

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.