Care Quality Commission

Inspection Evidence Table

Warley Road Surgery (1-547143565)

Inspection date: 8 October 2019

Date of data download: 07 October 2019

Overall rating: Good

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

Effective Rating: Requires Improvement

We have rated the practice as requires improvement for the effective key question as childhood immunisation and cancer screening targets were below national averages.

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.	N/A
Explanation of any answers and additional evidence:	

- The practice had implemented a monitoring system to review the quality of services offered by auditing a random sample of clinical consultations each month. As the GP provider was a single-handed GP, the long-term locum GP carried out a monthly review of the clinical notes of the lead GP as part of the monitoring system.
- The practice had employed a locum clinical pharmacist who supported the clinical team with the management of patient's medicines, including regular reviews to ensure appropriate prescribing. The practice maintained a review of antimicrobial stewardship through clinical audit, sharing, learning and reflection at staff meetings.

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) (NHSBSA)	0.57	0.70	0.75	No statistical variation

Older people — Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions — Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Community diabetic clinics were held every two months by a Diabetic consultant and specialist diabetes nurse at the practice to support patients with complex diabetic needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	74.3%	79.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.3% (15)	11.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.8%	78.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (19)	8.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	78.7%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (22)	11.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.1%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (5)	4.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a	95.5%	90.5%	89.7%	No statistical variation

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)				
Exception rate (number of exceptions).	15.4% (4)	12.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.6%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.4% (15)	4.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	94.7%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.4% (4)	5.3%	6.7%	N/A

Any additional evidence or comments

- The practice demonstrated clear awareness of their QOF performance and the clinical team monitored QOF with the support of staff. The practice were able to demonstrate that patients who had been exception reported for atrial fibrillation had been done so appropriately. The lead GP with the clinical pharmacist monitored patients' medicines on a regular basis and patients were only exception reported where clinical indicators deemed appropriate.
- The practice had a high number of patients with diabetes and had completed an audit to identify patients who were at risk. A total of 89 referrals were made to the prediabetes support group, of which two patients attended. To encourage more patients to attend, the practice had held a total of four group sessions. At one of the sessions 15 patients had attended and an Asian food demonstration was incorporated into the session to give advice on healthy eating. After the group sessions, a total of 13 patients attended the community prediabetic groups.

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice had not met the minimum 90% target for all the childhood immunisation uptake indicators. Data provided by the practice showed that four out of the five immunisation targets between April and June 2019 were at 90%, however immunisations for children aged 1 years of age, remained below the 90% target.
- The practice contacted the parents or guardians of children due to have childhood immunisations.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	28	40	70.0%	Below 80% uptake
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)	17	19	89.5%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	17	19	89.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	17	19	89.5%	Below 90% minimum

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

Any additional evidence or comments
NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were below the World Health Organisation (WHO) targets. Following the inspection, the practice sent us their current uptake rates from April to June 2019 which showed four of the five immunisation targets were at 90%. Children under the age of one years was still below the WHO target.

Working age people (including those **Population group rating: Requires**

recently retired and students) Improvement

Findings

- Cancer screening targets for cervical screening were below national targets. The practice encouraged patients to attend appointments.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	68.0%	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)**	69.4%	64.3%	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)**	42.3%	42.2%	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)**	54.5%	65.7%	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)	66.7%	50.1%	51.9%	No statistical variation

Any additional evidence or comments

- The practice found that telephoning patients was more beneficial in encouraging patients to attend their appointments. Due to the language barriers of the local population, staff spoke with patients in their first language to explain the importance of screening. The practice held a monthly cervical screening clinic for patients which was led by the locum practice nurses.
- The lead GP carried out opportunistic cervical screening when patients attended the practice. The practice had seen an increase in the number of patients not attending their breast screening appointments. Information provided by the practice showed 37% of patients had failed to attend

breast screening. The practice telephoned all the patients concerned and spoke with them in their first language and found the rate of did not attend had fallen to 3%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- A health action plan for patients with dementia had been implemented which was reviewed and updated every six months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	91.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	13.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	10.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	83.8%	83.0%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	6.7%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551.8	538.4	537.5
Overall QOF score (as a percentage of maximum)	98.7%	96.3%	96.2%
Overall QOF exception reporting (all domains)	5.8%	6.2%	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

Following a safety alert for a specific medicine and the increased risks during pregnancy, the practice had completed a search on the clinical system to identify patients at risk. The search had identified three patients. The patients were reviewed at the practice and provided with information regarding the risks and the need to avoid exposure to this medicine.

Any additional evidence or comments
The practice had carried out an appointments audit to ensure patients were being seen by the most appropriate clinician. The first audit in February 2018 showed that during February 2018 180 appointment out of 220 appointments with the GP had been inappropriate and could have been dealt with by a nurse or pharmacist, this was a total of 74%. The practice had employed a locum clinical pharmacist in June 2019 to support the GP and patients when calling for an appointment were asked some questions to gather information on who would be the most appropriate person for the patient to see. A second audit in September 2019 showed improvement, with 53 out of 223 appointment had been inappropriate, this was a total of 16%.

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
Explanation of any answers and additional evidence: • The practice told us they had difficulty in retaining nursing staff once they had been trained. They contributed this to the practice being small in comparison to demand for nurses in other areas. • Newly employed staff had received regular reviews, including an induction, one month and three month reviews of their work. Regular training of staff was a priority at the practice with both online and inhouse training completed regularly.	

- The practice had invested in their staff to ensure they were able to offer more support to patients. This included supporting reception staff to develop in a range of areas including training and support for the role of health care assistant.

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
Explanation of any answers and additional evidence: • We saw evidence to support that regular multidisciplinary meetings took place with community services. This included liaison and joint working with health visitors and district nurses. Safeguarding, palliative and end of life care was discussed in these meetings in addition to vulnerable patients and patients with complex care needs.	

Helping patients to live healthier lives

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

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

- The practice was aware of their local population needs and had encouraged patients to attend prediabetes courses to help them manage their health and wellbeing.
- The practice followed up on patients who had not attended cancer screening appointments, by phoning the patients and speaking with them in their first language to encourage them to attend and explain the importance of having regular screening.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	99.7%	95.8%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	1.3% (10)	0.7%	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

Well-led Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

- The management team were aware of the challenges faced within the local community. The practice was situated in a deprived area according to data provided by Public Health England. The practice had a realistic strategy and supporting objectives to respond to these challenges as well as maintaining quality and sustainability.
- Staff we spoke with told us the GPs and management team were approachable and supportive. Staff said there was a team approach in everything that was done at the practice. There was a common focus on improving the quality of care and people's experiences.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

- There was a collective vision among the staff which was: 'To strive and provide the best healthcare that we can with dignity and respect and a clear understanding of a patients' cultural needs and background.'
- Staff we spoke with demonstrated clear understanding of the practice vision and values strategy and applied this in their role.

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: • We found staff to be proud about working at the practice. Staff told us they received support from the GP and managers. • Staff had clear roles and responsibilities and staff wellbeing was discussed as part of the appraisal process. • The practice encouraged staff to report incidents and share learning. Staff told us there was a 'no blame' culture and staff were well supported when reporting incidents.	

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

Source	Feedback
Staff	Support was available when required and the open-door policy of the management team was appreciated as staff felt they could approach any of the management team for advice and help.

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 implemented a system to ensure all staff were clear on their roles and responsibilities. Induction plans for new staff were tailored to the individual and there was a clear structure and accountability process in place.
- Communication was effective and organised through structured, minuted meetings. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- All clinicians met regularly to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. There was a good relationship with community teams to ensure patients received effective co-ordinated care.
- The practice had a range of systems in place to ensure the practice was efficient. The management team ensured processes were co-ordinated and any changes were implemented through a team approach.
- There was an open culture and clear learning culture within the practice. There was a system for reporting and investigating incidents and complaints. The practice encouraged the reporting of incidents, however small, to identify ways in which the practice could continually improve.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

- Performance and risk were well managed and discussed as part of the staff meetings on a regular basis. This included a monthly review of clinical consultations to ensure they were appropriate and demonstrated effective clinical management of patients' health.
- The practice had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. There was an ongoing plan in place to continually monitor risk and act on identified actions.
- Governance and performance management arrangements were generally monitored and updated. We found Patient Group Directions (PGDs) were not always up to date. Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber) The practice acted immediately on the

identified concern and implemented actions to minimise future risk.

- The practice had a system for ongoing reviews to ensure processes were being followed when recruiting new staff, this included a tailored induction plan, appropriate checks, training programme and the continuous monitoring of staff development.
- We found numerous examples where incidents and complaints had been effectively used to identify potential risks. These had led to system changes for example in the management of blood results.

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:

- A range of safety measures were in place to ensure risks were mitigated. This included regular reviews of all information to ensure to was accurate and timely and a comprehensive range of risk assessments to ensure patient safety.
- The practice used clinical data to drive performance and demonstrate improved outcomes for patients. This included the implementation of a range of support groups to support patients. For example: Chron's Disease and Colitis, Prediabetes and Vitamin D. The dedicated groups gave the clinical team time to discuss with patients' self-management.

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:

- Monthly staff meetings were held. The management team encouraged staff to share their views and we saw evidence of staff ideas that had been implemented. For example: a comprehensive dementia support pack had been devised by one of the administration team.
- Staff The practice staff had all completed IRIS (Identification and Referral to Improve Safety) training to enable them to better support those at risk of domestic abuse.
- The practice had an active Patient Participation Group; but were struggling to recruit new members. We found notices on display encouraging patients to join.
- During the inspection the chair of the Patient Participation Group told us of group sessions they had implemented at the practice with the support of the lead GP and management team in the management of Chron's disease and Colitis.

Feedback from Patient Participation Group.

Feedback
• The chair of the PPG (Patient Participation Group) told us that the practice was very supportive and caring. They continually tried to make improvements and encouraged patients to take responsibility for their own health and wellbeing by supporting initiatives and promoting inhouse focus groups to offer advice to patients. • We were told by the PPG that their advice had been sought when the practice was deciding to move from the current primary care network they had joined. A discussion was held with the group to gather their thoughts on the move. The opinions of the PPG were regularly sought when the practice was considering changes or implementing new initiatives.

Any additional evidence
Further feedback was received by completed CQC comment cards. A total of 35 comment cards were received, which highlighted the good care and support patients received at the practice. Patients spoke very highly of the time and care given by the GPs and the helpfulness of the staff.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice had joined a primary care network group of local GP practices to share ideas and implement services for the local population. This included employing pharmacists and social prescribers to give patients more choice and ensure they were being seen by the most appropriate person.	

Examples of continuous learning and improvement
• The practice had identified a number of patients with Chron's disease and Colitis and with the support of the chair of the Patient Participation Group had organised group sessions to offer

advice, support and self-management. Information provided by the practice showed two meetings had been held with a third meeting planned for October 2019. To encourage patients to attend a Punjabi speaker was going to be present at the October meeting to help patients where English was not their first language receive support and advice.

- The practice had implemented group sessions to offer advice and support to patients who were prediabetic. Due to the patient demographics the practice had tailored the group sessions to ensure patients whose first language was not English had the opportunity to be involved. This included Asian food demonstrations, staff delivering the group sessions in Asian languages and food explanation charts, so patients were aware of what their typical diets risks were. The practice found that after these group sessions they had seen an increase in the number of patients attending community prediabetic courses.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.