

# Care Quality Commission

## Inspection Evidence Table

### OHP-Bishops Castle Medical Practice (1-4186419155)

Inspection date: 11 November 2019

Date of data download: 06 November 2019

## Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe

**Rating: Good**

### Safety systems and processes

**The practice had/did not have 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: Staff had access to safeguarding policies and procedures and contact details were available to them. We saw evidence of pro-active collaborative working with the mental health lead within a local school. The aim of the collaboration was to better understand the needs of learners within the school including	

Safeguarding	Y/N/Partial
<p>any mental health needs, safeguarding needs and attendance. Monthly meetings were arranged with the school to discuss children in need. The collaboration had resulted in increased contact between these young people and the practice.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	<p>Partial</p>
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.</p>	<p>Partial</p>
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:  Recruitment took place at practice level although staff were centrally employed. The provider supported the practices in relation to recruitment for example advertising on the OHP website and newsletters. The central team produced standardised job descriptions for the practices.  We checked the recruitment records for three permanent members of staff and one locum GP. At the time of the inspection, there were some gaps in the personal file of the locum GP, including full occupational health clearance, photo identification and work history. Following the inspection, the practice forwarded evidence to show that the information had since been obtained and had been able to fill the gaps in the locum file.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 05/2019	Yes
There was a record of equipment calibration. Date of last calibration: 11/2019	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: 07/2019	Yes
There was a log of fire drills. Date of last drill: 19/08/2019	Yes
There was a record of fire alarm checks. Date of last check: 4/11/2019	Yes
There was a record of fire training for staff. Date of last training: Various dates via e-learning	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 18/10/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice was required to submit to the provider organisation details of maintenance of equipment checks (including cleaning/PAT and calibration checks) in addition to evidence of fire drills undertaken in the last 12 months as part of their self-declaration.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 06/11/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 06/11/2019	Yes
Explanation of any answers and additional evidence: The practice was required by OHP to complete health and safety risk assessments, including legionella, and accessibility of the premises in line with the Equality Act. These were part of the core quality markers submitted to the provider by the practice as part of their self-declaration.  We noted that a legionella risk assessments had been carried out on 22/12/2016 but there had been some delay in the re-booking of the legionella risk assessment which was carried out in October 2019. Some of the action points from the original risk assessment had not been completed. Following our visit,	

the practice had also contacted us to inform us that they had been in contact with a plumber to start the works highlighted in the report. The practice manager and reception manager had been booked on a legionnaires training session on 22nd of November.

## 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. Date of last infection prevention and control audit:20/10/2019	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: The practice had completed audits to review their performance in maintaining appropriate standards of cleanliness and hygiene. These included assessing staff compliance with the dress code, assessing hand hygiene and checking on standards of cleanliness and adherence to the cleaning schedule.	

## Risks to patients

**There were adequate 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: The OHP central team were working to develop resilience within the workforce so that they could better support member practices. This included:	

- GP career plus scheme – OHP were one of 11 pilot sites developing ways in which they could retain GPs who were reaching the end of their career for example, through flexible working arrangements. There had been four GPs recruited through this scheme.
- International recruitment

## 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
<p>Explanation of any answers and additional evidence:</p> <p>There was a designated data protection officer for OHP to support practices to adhere to relevant legislation. The General Data protection regulations and guidance had been issued to practices to support them in complying with those regulations. Compliance with legislation was part of the core quality markers self-declaration from the practices. As part of the core quality markers submitted to the provider, practices were required to state the date of the oldest electronic data transfer letter to add to the patient records and the oldest documents work flowed but not yet actioned.</p> <p>On the day of the inspection, we found that some actions were outstanding within the electronic document managements system, some as far back as 30/09/19. Following the inspection, the practice reviewed the outstanding actions and told us that whilst the actions were outstanding, attempts had been made to contact the patients but had not logged the failed contact.</p>	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/07/2018 to 30/06/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.63	0.89	0.87	Tending towards variation (positive)
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) <small>(NHSBSA)</small>	6.3%	7.9%	8.6%	No statistical variation
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) <small>(NHSBSA)</small>	6.30	5.66	5.63	No statistical variation
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) <small>(NHSBSA)</small>	1.62	2.03	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
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	Yes



Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Yes
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>The practice had a Clinical Pharmacist and Safety and Quality Manager who was also a prescriber. Four of the five nurses were also prescribers.</p> <p>The practice reviewed the benchmarking data provided by the CCG with regards to antimicrobial prescribing. The practice compared favourably and were amongst the lowest overall in terms of antibiotic prescribing. The practice had undertaken a number of audits to assess their prescribing performance and their management of high-risk medicines.</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:	40
Number of events that required action:	40
Explanation of any answers and additional evidence: Significant events appeared on the agenda for discussion at each weekly clinical meetings. There was evidence of an open culture to support the recording of significant events. One of the GP partners was a member of National Patient Safety Advisory Response Panel (NatRAP).	

### Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Vaccines were delivered to the practice at 1pm, no nurses were available to pass delivery to, so reception staff put the vaccines in the fridge which was kept in reception for samples. The temperature of this fridge was not regularly monitored. The vaccines were in the fridge until approximately 3.15pm. The vaccine fridges were not accessible to reception staff and there were no clinical staff available to receive delivery.	The nurse team were informed about the delivery and moved the vaccines to the correct fridge, keeping the delivery separate from all the other vaccines. A data logger was placed in the reception fridge over the weekend to monitor the temperature. Information downloaded from the data logger showed the fridge had not been in the acceptable range for the vaccines, having been below freezing for a considerable amount of time. The vaccines were disposed of. There was a plan to relocate the fridges so they were accessible to reception staff during clinic hours. The nursing team were writing a new protocol for taking delivery of vaccines to minimise future risk.
A prescription for a controlled drug was sent in the post to the pharmacy.	The error was noticed by another receptionist and reported to Practice Manager immediately. The Practice Manager discussed the CD protocol with the receptionist concerned. The protocol was only implemented and was discussed again at their weekly staff meeting to make sure all staff are aware.

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
<p>Explanation of any answers and additional evidence:</p> <p>Safety alerts were shared with practices through GP Team Net and the practice was required to access the alerts and give a response to the provider of any relevant actions taken and assurances that they had acted on them.</p> <p>Alerts were forwarded to the practice's Clinical Pharmacist and Safety and Quality Manager who acted on them. We saw evidence that a log was kept of actions taken to address the identified risk and that they were discussed at weekly clinical meetings.</p>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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: Staff could access best practice guidance and safety alerts through a computerised system (GP Team Net). Updates in best practice guidance were discussed during weekly clinical 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) <small>(NHSBSA)</small>	0.68	0.75	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.
- The practice pharmacist reviewed and supported patients with complicated medicine regimens.

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.8%	81.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.6% (36)	12.8%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.4%	77.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.1% (19)	10.1%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.8%	81.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	11.6% (36)	12.3%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.6%	75.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.9% (7)	6.0%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.9%	90.9%	89.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (3)	10.1%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.6%	82.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (47)	4.5%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.8%	89.6%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.8% (10)	6.2%	5.9%	N/A

## Families, children and young people

Population group rating: **Good**

### Findings

- The practice had met the minimum 90% target for two of three childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- 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)	41	43	95.3%	Met 95% WHO based target
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)	36	39	92.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	35	39	89.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	36	39	92.3%	Met 90% minimum

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

### Any additional evidence or comments

The practice had a nurse who led on safeguarding children. All non-attendance at child immunisation clinics were referred to the lead nurse and monitored.

### Working age people (including those recently retired and students)

Population group rating: Good

### Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	77.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	78.5%	78.1%	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)	63.4%	61.5%	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)	78.8%	72.9%	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)	44.4%	49.8%	51.9%	No statistical variation

### Any additional evidence or comments

The practice's uptake for cervical screening was 77.8%, which was lower than the 80% coverage target for the national screening programme. Three of the five nurses had undergone training in cervical screening. Appointments were available throughout the week to encourage uptake and at times to assist working age patients. The practice was actively encouraging patients to attend for screening. For example, the practice worked closely with a care home supporting people with learning disabilities to help promote the uptake of cervical screening.

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	93.3%	91.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	3.2% (1)	13.2%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	100.0%	92.7%	90.2%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	11.3%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	75.7%	84.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.4% (4)	5.5%	6.7%	N/A

#### Any additional evidence or comments

The practice performed above average (100%) for recording alcohol consumption in patients with schizophrenia, bipolar affective disorder and other psychoses.

#### 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)	556	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.5%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.4%	No Data	No Data

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

There was a strong culture for quality improvement and audit within the practice. A total of 22 audits had been completed over the last year. Six of these were two cycle audits. Some of these complete audits included audits in areas such as high-risk medicines, opiate and antibiotic prescribing, measurements of vital signs in acute infections and the prescription of non-steroidal anti-inflammatory drugs (NSAID). Audits we reviewed demonstrated quality improvement for example, we saw that the practice was actively managing patients who were prescribed opiates and reduced the use of opiates in patients who no longer required them.

The completion of two full cycle clinical audits annually was part of the core quality markers submitted to the provider by practices as part of a self-declaration.

## 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

## 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 (01/04/2018 to 31/03/2019) (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.	Yes

## Helping patients to live healthier lives

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

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

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.5%	94.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.1% (2)	0.6%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: Clinical staff demonstrated an understanding of best practice guidance in obtaining consent and were aware of Gillick competences and Fraser guidelines when providing care and treatment to children	



## Caring

**Rating: Good**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from 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

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	Patients who completed comment cards told us that they found staff to be warm, friendly and professional. One patient told us they felt looked after. Another patient told us they could not fault the care. One patient praised the practice on the support they had received following their bereavement, describing the support as fantastic. Another patient told us that they received efficient service and had been referred to many agencies for help.
NHS Choices	The practice had been rated five stars by patients. One patient described the receptionists as polite, empathetic and efficient. Another patient described reception staff as very kind, patient and helpful, and the GPs as extremely kind, caring and pro-active. A patient described the nurse as very thorough.
Interview with Patients	Patients felt that they were treated with care and respect and felt that staff did their best.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5415.0	243.0	132.0	54.3%	2.44%

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)	96.7%	92.3%	88.9%	Tending towards variation (positive)
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)	98.7%	91.6%	87.4%	Variation (positive)
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)	100.0%	97.5%	95.5%	Variation (positive)
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)	92.9%	88.0%	82.9%	No statistical variation

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

Any additional evidence
<p>The practice carried out its own patient experience survey in 2018. Some of the actions taken in response to this survey included:</p> <ul style="list-style-type: none"> <li>• An added message to the telephone system to explain why the receptionists ask for a reason for appointments and have added a slide to the monitor in the waiting room to explain.</li> <li>• Clearer guidelines for reception staff to understand what each clinician provided to avoid inappropriate booking.</li> <li>• An increase to the appointment time to 15 minutes for every clinician, this was to allow enough time for each consultation without the clinician running late.</li> </ul>

### 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
<p>Explanation of any answers and additional evidence:</p> <p>Easy read and pictorial materials were available. A range of information was available within the practice to help signpost patients to support services and advocacy services. This was available on the main screen and also in written format.</p>	

Source	Feedback
Interviews with patients.	Patients told us that they felt involved in their care and treatment and that procedures were explained to them. They also told us that they would ask questions about their care and treatment, and that staff would be receptive to their questions.

### 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)	97.3%	96.4%	93.4%	No statistical variation

	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
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Staff had received training in quality and diversity and customer service.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 223 patients as carers. This represented 4% of the practice population. No young carers had been identified.
How the practice supported carers (including young carers).	Carers were offered the flu vaccination. The practice worked with a community care co-ordinator to signpost patients to support services that helped reduce loneliness, such as knit and natter and dog walking groups.
How the practice supported recently bereaved patients.	Bereaved patients usually received a home visit by the senior partner to offer support and advice. Information regarding support services was also available on the practice website.

## 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
Explanation of any answers and additional evidence: The practice had a check in screen for patients to use. The reception area was away from the main waiting area. Telephone calls were taken at the back office and not at the main reception desk to maintain patient confidentiality. A sign reminded patients to respect patients' personal space at the reception desk.	

If the practice offered online services:

	Y/N/Partia l
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

## 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
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice had made attempts to soften the clinical feel of the building for children through the introduction of Lego signs for the doors of the treatment and consultation rooms.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 1pm and 2pm to 6pm
Tuesday	8am to 1pm and 2pm to 5pm
Wednesday	8am to 1pm and 2pm to 5pm
Thursday	8am to 1pm and 2pm to 6pm
Friday	8am to 1pm and 2pm to 5pm
Appointments available: (GP)	
Monday	9.30am to 11am and 2.30pm to 8pm
Tuesday	8.30am to 11am and 2.30pm to 4.30pm
Wednesday	9am to 11.30am and 2.30pm to 4.30pm
Thursday	9am to 11.30am and 2.30pm to 4.30pm
Friday	9.30 to 11.30 and 2.30pm to 4.30pm
	The practice had become part of a network of practices in South Shropshire, working together to offer patients an extended access service. Extended hours appointments were offered via this network in the evenings between 6.30pm and 8pm and on Saturday morning 8.30am and 12.30pm whether at their own practice or at a nearby practice in the local area.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5415.0	243.0	132.0	54.3%	2.44%

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)	97.8%	96.7%	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 and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Regular visits were arranged to the three care homes. The practice participated in the Care Home Advanced Scheme commissioned by the CCG.
- 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 community staff including the local district nursing team and community matrons and community respiratory consultant to discuss and manage the needs of patients with complex medical issues. The practice had also been part of a pilot scheme for a community stoma nurse who held clinics there on alternate weeks for 6 months.
- 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**

- 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.
- A midwife held weekly clinics at the practice.
- Monthly clinical safeguarding meetings were held.
- The practice worked with the mental health lead within a local school to support children's health.

## **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 offered a range of online services including online patient registration, medicines ordering online, and electronic prescription system and patients had full access to their medical records online.
- The practice offered a walk-in clinic every Friday.
- Extended hours appointments were offered via the primary care network in the evenings between 6.30pm and 8pm and on Saturday morning 8.30am and 12.30pm whether at their own practice or at a nearby practice in the local area.
- Patients could receive telephone consultations and could contact the practice through completing an on-line form on the practice website.



**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 actively identified armed forces and ex armed forces personnel

**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.
- The practice had applied to be a Dementia Friendly Practice
- Patients had access to a visiting counsellor who provides weekly sessions to patients.

## 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

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)	93.4%	N/A	68.3%	Significant Variation (positive)
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)	87.7%	74.4%	67.4%	Tending towards variation (positive)
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)	82.2%	69.4%	64.7%	Tending towards variation (positive)
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)	87.3%	78.5%	73.6%	Tending towards variation (positive)

#### Any additional evidence or comments

Patients' positive response to the question about how easy it was to get through to someone at the practice on the phone was significantly above the national average. The practice also scored above average for the overall experience of making an appointment, appointments times and the type of appointment offered.

Source	Feedback
NHS Choices	Positive comments were received on the NHS Choices website. One patient commented that reception staff were polite, empathetic and efficient. An appointment was offered with a doctor for the same day. Another patient described reception staff as very kind, patient and helpful and the GPs described as

	extremely kind, caring and pro-active. A third patient commented that the nurse they saw was very thorough and prescribed medication.
Patient interviews	One patient told us that they did not have any trouble getting an appointment and was able to get through on the phone. Another patient told us that they found it quite easy to get an appointment, and that they did their best.
CQC comment cards	One patient commented that the practice was excellent and that they were always seen when needed. One patient however commented that they felt that it was hard to see a doctor and that they felt the nurses were expected to do the doctors' job.
Care Home staff	A representative from one of the local care homes told us that the practice was very responsive and caring. They told us that they could request a home visit and that staff from the practice regularly visited and listen to their service users.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice manager led on the handling of complaints. A complaints register was maintained, detailing issues raised, action required and learning.	

Example of learning from complaints.

Complaint	Specific action taken
A patient wrote to the practice to highlight a miscommunication over urine results which led to a delay in treatment.	The complaint was investigated, and staff wrote to the patient and explained the sequence of events that led to the error and offered them the opportunity to come and discuss the matter. Further training on understanding results was given to all reception staff.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider organisation (OHP) added OHP – Bishops Castle Medical Practice to their registration in August 2017. The OHP partnership model was one of local autonomy in which individual practices and the GP partners work to identify their own local priorities and run their practices in the way they see fit to meet their local population needs. The OHP Board took on a more strategic role. The OHP Board was made up of nine elected GP partners, the Operations Director and Finance Director. Board elections were staggered on a three-year roll. There was a small central OHP team that supported the practices to achieve future sustainability and resilience. They did this in various ways such as helping to reduce some of the administrative burden in the running of their practice and to help individual practices realise and identify solutions to local challenges (through innovation and effective partnership working). OHP were aware of challenges faced by GP practices and had for example undertaken work to develop longer term workforce solutions. They recognised locality differences and had focussed General Practice Forward View money to help practices identify new and innovative ways to address local challenges. This had involved working with affiliated non-OHP practices within the same localities. At OHP-Bishops Castle Medical Practice, we found that the practice was pro-active in responding to the changes in primary care. They had taken up opportunities for more collaborative working with other OHP practices and were part of the Shropshire Medical Group Hub. One of the GPs partners who is also the registered manager for OHP- Bishops Castle Medical Practice was due to join the OHP board as a managing partner.	

### 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
<p data-bbox="51 226 1546 280">Explanation of any answers and additional evidence:</p> <p data-bbox="51 280 1546 392">The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.</p> <p data-bbox="51 436 1546 548">The practice's ethos was "to care for our patients and care about each other". Staff were aware of the practice's ethos and worked within it. We saw examples of the ethos being put into practice, for example through effective teamworking.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>There was an expectation that practices who wished to join OHP shared the same goals. There were arrangements at provider level to address behaviour inconsistent with the vision and values of the organisation (OHP). Member practices were expected to provide monthly returns of core quality markers which were discussed at the provider governance meetings along with other information such as incidents and complaints. This was used to assure the board of quality standards. There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider if they felt unable to raise them with a local practice.</p> <p>Staff told us that there was an open, non-judgmental and no blame culture at the practice and felt able to raise concerns. This was reflected in the quantity of significant events being recorded by staff both positive and negative. Learning was shared during monthly quality and safety meetings.</p>	

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

Source	Feedback
Interviews with staff	Staff told us that they felt well supported and appreciated by the practice's senior management team, who were visible and approachable. They felt able to bring ideas for new ways or working to the management team and they would be listened to. Staff told us there was an open, honest and supportive culture within the practice and that managers offered an open-door policy. Staff told us that they felt part of a caring team who offered a responsive service to their patients.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Individual practices retained local responsibility and accountability for the services they provided within the OHP provider model. However, there was also a centralised governance function in which the central team monitored quality across the whole organisation and provided the board with assurance that standards at practice level were being maintained. The central team provided a supportive role to practices who needed it. The provider communicated with the practices through the sharing of minutes from board meetings and regular quarterly newsletters which were made available through GP team net.</p> <p>A range of meetings were held within the practice to discuss best practice and to share learning. These included weekly clinical staff meeting, weekly partners and practice manager meeting and weekly administration staff meeting with attendance of clinical staff. Meetings were recorded and shared.</p>	



## 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:	
<p>Performance and risk was managed at practice level however, the central OHP team maintained an oversight of this. The practices were expected to provide assurance that quality standards were being met and quality and risk was being managed through the submission of core quality markers to the central team. These were monitored along with complaints, significant events and safety alerts through the centralised governance management processes. The central team also offered mock CQC inspections to member practices to help improve and drive quality. Practices wishing to join OHP were expected to meet certain criteria in order to minimise risks and safeguard the partnership.</p>	

## 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:	
<p>GP Team Net (clinical and governance system) had been rolled out across OHP member practices and provided the main forum for sharing management information. This enabled both the practice and</p>	

central team to manage and monitor information such as those relating to incidents, complaints, safety alerts and staffing.

The provider organisation had recently collated performance data from nationally available sources which they had started to share with practices to help them manage their own performance. The central OHP team provided support to practices in relation to statutory notifications to CQC.

If the practice offered online services:

	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: Staff had undergone information governance training for managing patients' data. Staff had signed confidentiality agreements.	

## 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:	
<p>Patient involvement: The practice had an active patient participation group (PPG). As a result of PPG feedback, the practice had:</p> <ul style="list-style-type: none"> <li>• Introduced a walk-in clinic on Fridays</li> <li>• Changed phone message</li> <li>• Improved access for people with disabilities.</li> </ul> <p>Staff involvement: The provider (OHP) held partners meetings annually which provided a forum for provider level feedback and to check that the direction of travel of the organisation was still appropriate. OHP had also set up a salaried GP community and planned to introduce a similar network for nursing staff working across the organisation. Regular in-house meetings took place, which involved the whole team.</p> <p>Stakeholder involvement: The centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice for GPs in strategic planning within the health and social care economy and for exploring areas for collaborative working.</p>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>Being part of a large provider organisation (OHP) enabled practices to:</p> <ul style="list-style-type: none"> <li>• Collectively bid and benefit from new contracts.</li> <li>• Share and learn from each other for example, the system for recording and monitoring incidents and complaints management was adopted from a practice within OHP.</li> <li>• Benefit from workforce developments including an internal staff bank.</li> </ul>	

- Explore digital access through the provider participation in a pilot scheme.
- Focus on improvement and innovation through collaborative working within the practices own locality using General Practice Forward View money. Examples, of improvement schemes have included the development and training of reception clerks in managing prescriptions and improving document handling.
- Collaborative working with the hospital and community services to bring services closer to home.

OHP- Bishops Castle Medical Practice had been involved in a number of pilot work, for example, the practice:

- Piloted the use of the National Reporting Learning System (NRLS) eForm to report safety incidents and were planning to be involved in the successor pilot.
- Was a pilot site for social prescribing.
- Was a pilot site for Shropshire Care Closer to Home.
- Was involved in the pilot for community stoma nurse clinic.

### Examples of continuous learning and improvement

OHP-Bishops Castle Medical Practice was a training practice, supporting medical students from Cardiff and Keele Universities. There was a strong emphasis on developing their staff, for example, the practice had monitored and supported their pharmacist and nurses through their prescribing qualifications. There were plans for further staff development including for the practice manager to undertake the diploma in practice management

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.