

# Care Quality Commission

## Inspection Evidence Table

### Townfield Doctors Surgery (1-545603506)

Inspection date: 17 September 2019

Date of data download: 05 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 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: The practice had reviewed its child safeguarding procedures following an incident which had occurred earlier in the year. The incident did not involve a safeguarding concern but highlighted potential weaknesses in the practice's systems to identify patients at risk. As a result, the practice had introduced new procedures to ensure that patients were offered the opportunity to have a consultation without an accompanying adult if they wished. The practice also now maintained a separate child safeguarding register.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: The practice manager did not keep a summary of staff interviews.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing/visual inspection by a competent person. Date of last inspection/test: 21/12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 21/12/2018	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: July 2019	Yes
There was a log of fire drills. Date of last drill: 09/09/2019	Yes
There was a record of fire alarm checks. Date of last check: 16/09/2019	Yes
There was a record of fire training for staff. Date of last training: Varied by staff member. Required annually.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had developed a good working relationship with the property management agency which was responsible for maintaining the premises and fire safety. We were told that the agency was responsive to requests and liaised with the practice in relation to fire safety and fire drills.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Explanation of any answers and additional evidence:	

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
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: <ul style="list-style-type: none"> <li>• Infection control audit: 12/06/2018</li> <li>• Cold chain audit: 30/05/2019</li> </ul>	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: <ul style="list-style-type: none"> <li>• One of the partners was the lead for infection control. They were supported by a practice nurse who took an operational lead. This role had very recently passed to a new nurse who was still learning about the role and responsibilities.</li> <li>• There had been an incident involving a sharps injury within the last year. The practice had followed the correct protocol.</li> </ul>	

## 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: <ul style="list-style-type: none"><li>• Staff holiday requests were discussed in advance and coordinated. The practice had recently managed a period of unplanned leave for one of the clinicians. The practice had systems in place to arrange locum cover when required including at short notice or to cover unplanned staff absence.</li><li>• There was a guide for locum doctors on local referral pathways. We were told the partners carried out spot checks with new locum doctors to ensure they had access to the information and tools they needed and were working to expected standards of care.</li></ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had a reciprocal arrangement with a nearby general practice to provide support in the event of a major incident. For example, Townfield Doctors Surgery had allowed the neighbouring surgery to use one of their consultation rooms during premises repairs.</li><li>• The practice had designated staff with responsibility for summarising new patient notes.</li></ul>	

## 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>	0.97	0.82	0.87	No statistical variation
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>	6.1%	9.9%	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>	5.69	5.29	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>	0.90	1.31	2.08	Variation (positive)

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.	N/A
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

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Partial
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> <ul style="list-style-type: none"> <li>• The practice stored medicines securely. We noted that the emergency medicines were stored across several rooms. There was a risk that staff might confuse the location of specific medicines if they were asked to retrieve them in an emergency.</li> <li>• The practice recorded monitoring checks that were conducted on the defibrillator and which included checks that the machine was operational and that pads were available. However, while staff told us they checked that the oxygen cylinder was full, and that masks and tubing were in place, they did not keep a clear record of this.</li> <li>• The practice had access to a clinical pharmacist who supported the GPs by carrying out medication reconciliation (that is, compiling an accurate list of medicines a patient is taking, for example, following hospital discharge) and medication reviews.</li> <li>• The practice carried out medication reviews for patients on repeat prescriptions annually. Housebound patients received home visits when necessary to ensure that their medication review was completed.</li> </ul>	

## 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:	13
Number of events that required action:	13
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
There had been a significant event in the previous 12 months that had resulted in an investigation and review by the relevant NHS authority in London which was still ongoing at the time of the inspection. The review identified how the practice had missed several opportunities to minimise or reduce patient harm in this case. It had highlighted weaknesses in clinical practice; communication between practice clinicians; clinical record keeping and documentation; safety netting; safeguarding and awareness of patient rights and sensitivities.	The practice team were able to demonstrate the work they had done to review policy and practice in these areas and changes they had made, for example, in relation to staff and clinician training and more careful documentation of consultations.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice kept a folder of safety alerts which were received electronically from the relevant agencies. Relevant alerts were reviewed by a clinical pharmacist and shared with the clinicians. Actions were shared on the electronic system in the form of 'tasks' for clinicians to complete. We saw evidence that four recent alerts had been acted on appropriately and the actions documented. For example, the practice had written to all affected patients in relation to an alert about prescribed anaphylaxis auto-injectors.	

## 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

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>	0.39	0.55	0.75	Tending towards variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The practice carried out structured annual medication reviews for older patients.</li> <li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## 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>	77.6%	78.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.6% (109)	10.0%	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>	81.3%	80.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (64)	7.8%	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>	76.5%	78.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	9.0% (72)	10.4%	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>	79.4%	78.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	3.2%	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>	90.4%	93.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.7% (1)	9.2%	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>	84.9%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (44)	2.9%	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>	94.0%	90.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	8.3% (9)	7.0%	5.9%	N/A

Any additional evidence or comments
The practice had demonstrated an improvement in its performance in managing diabetes since our previous inspection in 2016. For example, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less had increased from 64% to 78%.

**Findings**

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the childhood immunisation uptake indicator for one-year olds.
- However, the practice had not met the 90% target for three childhood uptake indicators for two-year olds. The practice was close to the 90% target for two of these indicators but lower (at around 70%) for uptake of the first MMR vaccination.
- The practice told us that it had traditionally achieved all its childhood immunisation targets and the decline in uptake was a relatively new challenge. The practice contacted the parents or guardians of children due to have childhood immunisations and was becoming more proactive about highlighting the importance of immunisations, for example, during consultations with parents whose children were overdue immunisation.
- 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 and school nurses 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. The practice had recently acted to raise staff awareness of young patients' rights to access these and other primary care services independently and in confidence.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- Practice staff had received training on recognising and responding to the symptoms of acute illness in children.
- The responsible GP was involved when children with complex health conditions were transitioning from child health services to the care of adult services.

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)	98	103	95.1%	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)	119	138	86.2%	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)	117	138	84.8%	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)	110	138	79.7%	Below 80% uptake

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

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

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The uptake rate for bowel cancer screening was below the national average. The practice had implemented a bowel cancer screening protocol to follow-up patients who did not respond to their initial invitation to participate.
- The cervical cancer screening uptake rate was below the 80% target. However, the practice could show that it had improved its performance over the previous year, since introducing more proactive follow-up of patients who had not attended following invitation.

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)	60.5%	70.9%	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)	39.3%	48.0%	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)	91.2%	74.8%	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)	51.9%	49.7%	51.9%	No statistical variation

## 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.
- The practice was aware that patients whose circumstances might make them vulnerable were at higher risk of ill health and encouraged these groups to participate in preventive health screening and 'stop smoking' services.
- 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.

**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 mental health crisis were given information about how to seek help and this was included in their care plan.
- 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 mental health training in the last 12 months.

<b>Mental Health Indicators</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) <small>(QOF)</small>	93.4%	91.7%	89.4%	No statistical variation
Exception rate (number of exceptions).	9.5% (8)	7.2%	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) <small>(QOF)</small>	98.7%	91.7%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.0% (5)	5.6%	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) <small>(QOF)</small>	83.8%	83.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	3.6%	6.7%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	98.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.9%	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

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

The practice provided examples of recent clinical audits including an audit of its management of patients with cardiovascular disease and heart failure. The first-cycle identified several patients who were reviewed, and the medicines adjusted. The second cycle demonstrated that care was being provided in line with national guidelines.

### Any additional evidence or comments

The practice worked with the clinical commissioning group to monitor its prescribing activity in relation to local benchmarks and monitor practice patients' the use of A&E, urgent care centre and unplanned hospital admissions.

## Effective staffing

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

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

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 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.	N/A
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice offered in-house stop smoking services</li> <li>• The practice offered NHS health checks, older people's health checks, carers health checks and young person health checks.</li> <li>• The practice had access to a care coordinator and social prescribing.</li> </ul>	

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>	96.9%	95.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (18)	0.7%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Partial
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Written consent was obtained for certain procedures, such as minor surgery, coil fitting and ear syringing. Verbal consent was recorded by the nurses in the patient records before administering vaccinations.</li><li>• The practice did not have formal systems for monitoring the process for seeking consent outside of the annual appraisal process. However, practice policy and staff awareness had been reviewed following an incident earlier in the year.</li><li>• All clinicians had undertaken online training on the Mental Health Act within the last 12 months.</li><li>• The practice provided information for patients about online services which included information about consent to share information and online privacy.</li></ul>	

## 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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	63
Number of CQC comments received which were positive about the service.	55
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients were very positive about the service with several patients describing the practice as excellent and saying they would recommend it to others. We received eight comments which included some criticism. Critical comments tended to focus on difficulty accessing routine appointments.
Comment cards	Several patients commented on the sensitivity of staff when dealing with conditions that patients found distressing or unpleasant.
Other patient feedback	We received some negative feedback about clinical staff sometimes acting in a brusque or blasé manner that had upset patients.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8971	417	113	27%	1.3%

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)	78.0%	84.5%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	81.8%	82.9%	87.4%	No statistical variation
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)	93.7%	93.5%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	73.6%	79.0%	82.9%	No statistical variation

### Any additional evidence or comments

The patient comment cards we received tended to be very positive about patients' experience of their consultation. Eighteen patients commented positively about the listening skills of a specific doctor or nurse at the practice. Other feedback we received was more mixed about this aspect of the service with patients commenting that not all of the doctors were appropriately attentive or professional in their manner. Staff we spoke with said they thought this was something they were steadily improving at over time.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Any additional evidence	
The practice had carried out its own survey in February 2019. Patient responses were positive, with 80% indicating that their experience of the surgery was 'excellent'. The practice had an active patient participation group which met every six weeks.	

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: We received comments from patients with long-term conditions (such as diabetes) who said they had received practical advice from the doctors and nurses about self-care.	

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	92.2%	90.8%	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: Translated and pictorial leaflets were available. The practice employed a diverse staff team who could speak a variety of languages including Punjabi, Gujarati, Tamil, Hindi and Arabic. A telephone translation service was also available.	

Carers	Narrative
Percentage and number of carers identified.	301 (>3%)
How the practice supported carers (including young carers).	<p>The practice maintained a register of patients who were carers. The practice had increased the number of patients identified as carers since our previous inspection in August 2016 when they had identified 42 patients as carers.</p> <p>The practice regularly engaged with the Hillingdon Carers service and had last met with representatives in June 2019. The practice provided information about carers' services in the waiting room and provided flexibility over appointment times. Carers were offered a health check and flu vaccination. The practice promoted these services, for example, by including a message about the flu vaccination on all repeat prescriptions over the winter.</p>
How the practice supported recently bereaved patients.	Staff told us that if patients had suffered bereavement, their usual GP contacted them and they were sent a letter of sympathy along with bereavement information leaflets and contact details of support services.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The waiting area was spacious with the reception desk located some distance away from the patient seating. The practice had a designated area of the waiting room for young children with wipe-clean toys.</p>	

If the practice offered online services:

	Y/N/Partial
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.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered online appointment booking and an electronic prescription service. It did not provide online consultations or test results service.</p>	

## 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 provided a range of additional services for example, antenatal clinics; coil and IUD fitting; diagnostic spirometry and minor surgery. Patients could access some CCG-funded services such as counselling or a dietitian on the premises.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am-7.30pm
Tuesday	8.30am-7.30pm
Wednesday	8.30am-6.30pm
Thursday	8.30am-6.30pm
Friday	8.30am-6.30pm
Appointments available:	
Monday	9am-12noon; 3.30pm-7.30pm
Tuesday	9am-12noon; 3.30pm-7.30pm
Wednesday	9am-12noon; 3.30pm-6.30pm
Thursday	9am-12noon; 3.30pm-6.30pm
Friday	9am-12noon; 3.30pm-6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8971	417	113	27%	1.3%

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)	88.5%	92.8%	94.5%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named, accountable GP.
- 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.
- The practice had an attached care coordinator who could signpost older patients to relevant local services and resources for example, Age UK.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice aimed to provide a holistic approach to patients with long term conditions covering physical and mental health and wellbeing.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice provided antenatal care and eight-week baby clinics.
- The practice offered 'younger person health checks' aimed at patients aged 14 to 21.
- The practice had recently run a community arts workshop for children and used the opportunity to educate parents about the importance of childhood immunisation.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on Monday and Tuesday evenings. Pre-bookable evening and weekend appointments were also available to patients at additional locations within the area, as the practice was a member of a GP federation.
- The practice had successfully promoted its online appointment booking system and had the highest online registration rate of all practices in Hillingdon.
- The practice called eligible patients for NHS health checks. In the last year it had completed 438 health checks.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice added a code and an alert to the electronic patient records of patients living in vulnerable circumstances. This included homeless people, housebound patients, patients with a learning disability, asylum seekers and patients who had been the victims of trafficking.
- The practice had been allocated a 'health champion' to signpost patients in vulnerable circumstances to specialist support groups.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice provided vulnerable patients with a bypass number with a messaging facility.
- The practice provided information on its website for people who wished to register with the

practice or access services on a temporary basis about how to do this, for example, if they did not have a fixed address.

- The practice had a policy for ensuring that military veterans could access health services as a priority. The practice displayed posters in the waiting room informing patients about this and encouraging any eligible patients to identify themselves as veterans to the practice in confidence.

**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. All staff had taken mental health awareness training.
- One of the health care assistants had done additional training and was a mental health care coordinator who could signpost patients to local mental health resources including social and voluntary sector organisations.
- The practice carried out home visits for patients with dementia who were housebound, for example to carry out medicines reviews and vaccinations.
- The practice was in the process of becoming a dementia friendly practice. It was using a toolkit published by the Alzheimer’s Society to update the environment, for example with a dementia friendly colour scheme and signposting).

**Timely access to the service**

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: The practice operated a telephone triage system underpinned by a written protocol. A duty doctor was always available if reception staff required advice.	

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)	67.4%	N/A	68.3%	No statistical variation
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)	65.4%	66.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	56.9%	62.2%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	56.8%	69.2%	73.6%	Tending towards variation (negative)

#### Any additional evidence or comments

- The practice had increased its clinical capacity by employing additional locum doctors. It had also increased the number of staff answering the telephone at busy times of the day and had increased the number of online appointment slots.
- We reviewed the appointment system on the day of the interview. Routine pre-bookable appointments were available within one and two weeks depending on the individual clinician. Nurse appointments were available within a week.

Source	Feedback
Patient feedback	Of the 63 comment cards we received, six included some criticism of the difficulty obtaining an appointment.  Patient participation group members we interviewed reported that this had been an area where the practice was improving.
Staff feedback	Staff were also positive about the actions taken to increase the number of available appointments. Reception staff told us access was improving.

## 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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice included information about how to complain in the practice leaflet and the most recent practice newsletter (September 2019). There was information about how to complain on display in the waiting room and a complaints leaflet at reception. The website also included some information about how to make a complaint on the policies section of its website.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Family complained after the practice sent a reminder letter following a missed appointment to a deceased patient	The practice apologised to the family, updated the specific records and amended their procedures following the death of a patient to ensure that all staff and records were updated promptly following a death.

## Well-led

Rating: Good

### Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff reported that the leaders were visible and they were always able to approach a member of the leadership team if they needed to discuss a problem. There were mixed views on the approachability of all members of the leadership team.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice was able to demonstrate steady improvement in clinical performance over the last three years in line with its clinical priorities, for example, in the management of diabetes.</li><li>• The practice was a member of the local primary care network and understood the developing network priorities and its role.</li></ul>	

## Culture

### The practice culture did not always support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Partial
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>Staff expressed mixed views about the working culture at the practice. Most staff members we interviewed were well supported and said they worked as an effective team. However, this was not the universal view. Some staff reported instances where they said they had been undermined by other members of the team or had witnessed disagreements being handled in an unprofessional manner between senior colleagues. The staff involved told us the situation was improving and the practice was openly addressing the team dynamic and working relationships at all levels.</p>	

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

Source	Feedback
Newly recruited staff member	The practice had been welcoming and their induction had been thorough. This member of staff said they received good ongoing support and the team environment was good. They were enthusiastic about working at the practice.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>There was a comprehensive programme of meetings to review strategic progress, operational issues and clinical care. These included:</p> <ul style="list-style-type: none"> <li>• Monthly practice partners meetings</li> <li>• Monthly practice team meetings (all staff)</li> <li>• Weekly clinical team meetings which included community health professionals and the palliative care nurses once a month</li> <li>• Monthly Hillingdon Care Connection Team 'huddle' meetings (focused on the care of older patients with complex needs).</li> </ul>	

## Managing risks, issues and performance

**There were processes for managing most risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
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:	
<ul style="list-style-type: none"> <li>• There were assurance systems in place but these were not always clearly organised. For example, we had difficulty during the inspection of evidencing staff training. We were able to obtain this information by the end of the inspection in the form of raw printouts from the mandatory training system. The lack of organised performance information increases the risk that gaps in assurance will be identified promptly.</li> <li>• One of the senior members of the team had recently taken a period of unplanned leave. The practice had promptly put cover arrangements in place and had operated as usual, for example with clinical and practice meetings continuing as scheduled.</li> </ul>	

## 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.	Partial
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:	
<ul style="list-style-type: none"> <li>The practice made use of information and data about practice performance and patient outcomes. The practice kept clear records of meetings and agreed actions. However, some internal information, for example on staff training, was not always readily available in a form that was easy to understand.</li> </ul>	

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

## 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:	

Feedback from Patient Participation Group.

### Feedback

The Patient Participation Group said the practice was responsive to their suggestions. Members commented positively on practice initiatives such as recent events on dementia and first aid for parents which had been well attended.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• The practice had experienced a serious incident in the previous year which had highlighted multiple missed opportunities to reduce the risk of harm to a patient. The practice acknowledged its failings in this case and its responsibility to improve. We saw evidence that it was acting to address issues identified in clinical practice and record keeping; staff awareness of consent, capacity and patient rights and to improve communication within the team.</li><li>• The practice was looking at more imaginative ways of engaging with patients. It had recently run a community arts workshop for children and used the opportunity to educate parents about the importance of childhood immunisation. It had received positive feedback from the parents and children attending the event.</li></ul>	

## 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.