Care Quality Commission

Inspection Evidence Table

HMC Health Hounslow (1-6308609348)

Inspection date: 15/10/2019

Date of data download: 22 October 2019

Overall rating: Good

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

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence:	

- The practice was able to show evidence that all staff had sufficient DBS checks in place. Some documentation of these checks was not available on the day but was sent following the inspection.
- On the day of the inspection we found safeguarding training was up to date.

Safeguarding	Y/N/Partial
- We saw that safeguarding policies were available for staff on their shared drive. Staff we spoke with confirmed this. - Staff we spoke with knew who the lead was for Adult and Child safeguarding. - Safeguarding is a featured item in the practice monthly Multi-Disciplinary Team (MDT) meeting where minutes are recorded. - The practice had a system in place to follow-up on children who failed to attend for immunisations and secondary care appointments.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: - We reviewed recruitment checks for new members of staff who had been appointed since the last CQC inspection. We found that all relevant documentation had been provided, reviewed and risk assessed prior to commencement in post. - We saw evidence that staff had received relevant vaccinations, which had not been completed at the previous inspection. Where staff had not been vaccinated, the reason for this had been noted. .	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 30/01/2019	Y
There was a record of equipment calibration. Date of last calibration: 10/10/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 02/09/2019	Y
There was a log of fire drills. Date of last drill: 30/07/2019	Y
There was a record of fire alarm checks. Date of last check: 04/10/2019	Y
There was a record of fire training for staff. Date of last training: Undertaken by e-learning.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 21/07/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: During this inspection, the practice were able to provide evidence of portable appliance testing and equipment calibration which was previously unavailable when we last visited.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 28/08/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28/08/2019	Y
Explanation of any answers and additional evidence: • On the day of the inspection, we found risk assessments in place that covered all main premises and health and safety risks. This included risk assessment for legionella, and the practice had access to records for hot and cold-water testing. • We saw that the practice had procured some new medical equipment which had not yet been calibrated as it was less than a year old.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 10/09/2019.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: - The practice has reviewed their infection control policy and had a system in place for managing waste and clinical specimens. This had not been in place at the previous inspection. - The practice had updated protocols for Personal Protective Equipment (PPE) and specimen Handling following review. - The practice conducted a weekly infection prevention and control audit. - There was a designed clinical waste storage and pick up area.	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: On the day of the inspection, some of the non-clinical staff whom we spoke to were not able to tell	

us the clinical signs and symptoms of sepsis. However, the majority of staff were able to do so.

- The practice demonstrated that their clinical staff used a sepsis toolkit in their clinical system.

- The practice told us that they used locum GP staff only rarely.

- The practice told us that they only used specific locum GPs on a long term basis.

- The practice had a business continuity plan in place and it was available on the practice share drive.

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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.	Y
Explanation of any answers and additional evidence:	

Explanation of any answers and additional evidence:

- Information was kept secure through individual staff logins and we observed staff removing smart cards when they were not seated at their desk.

- All staff had completed online training on General data protection regulation (GDPR).

- The practice had audit trails available through their electronic software to monitor records staff had been viewing.

- The practice had a recall system in place where patients needed to be contacted urgently in the event of adverse pathology findings.

Appropriate and safe use of medicines

The practice had 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) (NHS Business Service Authority - NHSBSA)	0.63	0.72	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) (NHSBSA)	5.9%	7.8%	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) (NHSBSA)	5.70	5.67	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) (NHSBSA)	0.45	1.07	2.08	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: • We reviewed 23 patients who were taking potentially high-risk medicines and we found that monitoring had been undertaken in line with guidance. • We noted that in examples where action was taken, the practice did not have a clear fail-safe process for when the next blood tests should be scheduled. • We found that the practice vaccine fridges did not have additional internal thermometers in line with current guidance. These provide a failsafe in ensuring that cold chain procedures are followed.	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	2.
Number of events that required action:	0.
Explanation of any answers and additional evidence: • The practice encouraged staff to report incidents. • Lessons learned from significant events were shared with staff in their monthly meeting. • The practice had a nominated lead for serious incidents.	

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

Event	Specific action taken
A two-year-old boy suffered an allergic reaction to his face after eating egg in the practice.	The GP has not been alerted to the potentially serious incident. Learning outcome was that staff should now discuss all incidents with the GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw of actions had been undertaken on recent safety alerts for example, the practice had contacted approximately 7-8 female patients in direct response to a safety alert regarding a particular medicine risk recently issued.	

Effective   Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.81	0.63	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 were offered to patients over 75 years of age.

- The practice cared for residents from a local nursing home and a local care home as part of an enhanced service. The lead GP carried out a weekly ward round and was available to speak with families. Medication reviews for polypharmacy (concurrent use of multiple medications by a patient) were carried out by the practice's pharmacists.

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. For example, the practice had employed GPs who had a special interest in diabetes and pharmacists with training in diabetes.

- The practice continued to monitor monthly performance for diabetes via the clinical commissioning group (CCG) diabetes dashboard. This looked at whether patients were receiving the recommended nine key care processes which included: foot checks; smoking status; weight check; blood pressure; eye test; urine test; and blood tests for cholesterol, kidney function, and HbA1c (glycated haemoglobin).

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
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) (QOF)	70.8%	75.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	6.3% (62)	6.1%	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) (QOF)	74.9%	76.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.4% (63)	6.1%	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) (QOF)	71.1%	81.3%	81.3%	Variation (negative)
Exception rate (number of exceptions).	7.6% (74)	6.0%	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) (QOF)	77.0%	77.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.3% (11)	3.5%	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) (QOF)	88.5%	89.0%	89.6%	No statistical variation
Exception rate (number of exceptions).	16.4% (12)	9.7%	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) (QOF)	76.9%	81.7%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.1% (75)	3.0%	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) (QOF)	86.1%	90.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	4.7%	5.9%	N/A

Any additional evidence or comments

- QOF data for 2018/2019 showed that the practice had made improvements in the number of patients with diabetes who had well controlled blood pressure, which had improved from 56.6% to 74.9%.

- QOF data for 2018/2019 showed that the practice had made improvements in the number of patients with diabetes who had well controlled cholesterol, which had improved from 65.0% to 71.1%. Despite this improvement, the practice remains below the expected England average.

- The practice has conducted a four-cycle diabetic audit with the help of diabetic nurse specialists to identify high risk patients and improve recall systems to enhance consultations and overall care.

- The practice has introduced an automated recall system setup in conjunction with a telephone consultation following an audit of the prescribing of potentially high risk medicines.

- Text messages were used to communicate with patients to inform them of test results.

- The practice operated an in-house smoking cessation clinic.

- The practice operated a palliative register which was discussed within the monthly multi-disciplinary team (MDT) meeting with relevant community providers.

Families, children and young people   Population group rating: Good

Findings

- The practice had not met the minimum 90% target for four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four childhood immunisation uptake indicators. The practice was working in conjunction with the CCG using recall teams to improve this.

- The practice contacted the parents or guardians of children due to remind them that childhood immunisations were due.

- 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.

- The practice could refer on to secondary care services for family planning and full sexual transmitted disease screening.

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)	267	314	85.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	261	360	72.5%	Below 80% uptake
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)	279	360	77.5%	Below 80% uptake
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)	275	360	76.4%	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

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	55.3%	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)	57.8%	67.0%	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)	34.8%	45.7%	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)	53.6%	66.1%	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)	37.5%	48.5%	51.9%	No statistical variation

Any additional evidence or comments

The number of patients who had been screened for cervical smears was a significant outlier. The practice were able to show that they had recall systems in place for this, but in the time that the provider had been managing the service they had not been able to achieve uptake targets.

Any additional evidence or comments

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 demonstrated that they had a system to identify people who misused substances.
- Vulnerable patients register maintained and updated every two weeks.

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.

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)	64.6%	87.8%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	2.3% (3)	8.2%	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)	75.0%	91.2%	90.2%	Variation (negative)
Exception rate (number of exceptions).	1.5% (2)	6.6%	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) (QOF)	75.4%	86.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.1%	6.7%	N/A

Any additional evidence or comments
- We reviewed three dementia care plans and found them to be of good quality.   - The provider had been managing the service for six months at the time of the last QOF report. Although the number of care plans in place was a negative variation from the national average, the service had a system in place to ensure that these patients were being recalled. The practice had significantly reduced exception reporting for patients experiencing poor mental health.   - The practice had a memory/dementia clinic is in operation and kept a dementia register which was updated annually or more frequently if required.   - The practice only issued prescriptions for patients in the population group a maximum of four times prior to a review with a GP.   - The practice conducted a monthly review of all uncollected scripts which was then followed up by practice pharmacist.   - The practice had services to refer to for patients who misuse substances, suffer domestic abuse or were having problems of a mental health nature. This included counselling services, cognitive behavioural therapy and social organisations.

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)	524.6	No Data	539.2
Overall QOF score (as a percentage of maximum)	93.8%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.9%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- The practice was able to demonstrate improvements in their diabetes outcomes through their focused clinical audits and quality dashboards.
- This included a four-cycle audit on diabetes which looked at the prevalence of diabetes in the practice population and key performance indicators for their management.
- The practice had also provided a five-cycle audit on prescribing of high risk medicines with key performance indicators being monitored.
- The practice had also conducted a two-cycle audit of their advanced nurse practitioner's prescribing history.

Any additional evidence or comments
- Discharge summaries were reviewed following unplanned admissions and subsequent face to face appointment or telephone reviews were conducted.

- The practice has a lead for quality and outcomes framework (QOF) in place.

- The administration team at the practice reviewed QOF data and this was shared by the team.

Effective staffing

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

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

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y

Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

- The practice were using Co-ordinate My Care (CMC) and Summary Care Records (SCR).

- The practice operated a weekly visit at the local nursing home.

- The administration team co-ordinated the two week wait (2WW) register to ensure all patients were followed up and had their appointments.

- The Out of Hours (OHH) care provider was Care UK. The practice also recommend that patients use the 111 service outside of their hours of operation.

Helping patients to live healthier lives

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

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

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) (QOF)	91.9%	96.2%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (31)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: During our inspection we found that clinical staff at the practice had undertaken Mental Capacity Act (MCA) training.	

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: • Both male and female chaperones were available at the practice. • Equality and diversity training had been undertaken by all staff. • The practice told us they had not initiated online consultations yet but planned to in the future.	

CQC comments cards	
Total comments cards received.	10.
Number of CQC comments received which were positive about the service.	9.
Number of comments cards received which were mixed about the service.	1.
Number of CQC comments received which were negative about the service.	0.

Source	Feedback
Comment card	Patients expressed that staff were always prepared to listen and help, were pleased with the overall treatment and felt appointments were accessible but that telephone lines were still bad in relation to getting through.
Patient Participation Group (PPG)	We spoke with three members of the PPG during the inspection. All members were happy with the correspondence they had with the practice and were happy to be involved. They felt the management and GP's were receptive to feedback and keen to improve where possible.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17651.0	470.0	100.0	21.3%	0.57%

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)	77.2%	83.5%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	75.2%	81.0%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	86.5%	92.1%	95.5%	Variation (negative)
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)	70.1%	77.8%	82.9%	No statistical variation

Any additional evidence or comments
• At the time of the last national patient survey, the provider had been managing the practice for two months only. As a consequence, the data from that survey would not solely reflect the performance of this provider. • The practice had recruited a full-time practice manager to manage the practice and provide support for staff. • The practice recruited more GPs for regular sessions to improve continuity of care and increase the number of appointments available. • The practice monitored Friends and Family feedback where they expressed they received 85% of positive reviews. • The practice had shown a motivation to improve upon these results when questioned about them and had reduced their locum GP staff to try and improve this.

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

Any additional evidence
• The practice conducts patient engagement events held normally on a Sunday. The last event attracted 25 patients. The themes from the last event surrounded telephone access which the practice were continuing to resolve with their practice population.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	No interviews conducted with patients on the day of inspection.

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)	89.0%	89.0%	93.4%	No statistical variation

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: - The practice had access to a translator service which included British sign language (BSL). - The practice employed multi-lingual staff.	

Carers	Narrative
Percentage and number of carers identified.	0.56% and 98 carers.
How the practice supported carers (including young carers).	The practice had a system for respite care co-ordination. The practice signposting to relevant services where appropriate. The practice placed alerts on carer's electronic record. The practice offered annual health checks for carers The practice offered the Flu Vaccine for carers
How the practice supported recently bereaved patients.	The practice had arrangements with a bereavement service. They also referred to "Adult Improving Access to Psychological Therapies" (IAPT).

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: - The practice provided e-learning from their online learning platform to facilitate this subject area. - We found that the practice had suitable spaces to allow for patient privacy and dignity. - We observed on the day of the inspection that confidentiality was being maintained and privacy was respected.	

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
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.	N/A
Explanation of any answers and additional evidence:	
The practice website allowed for patient to book appointments online, view past and future appointments, order recent and regular repeat medications, view your summary care records and access test results.	

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Saturday	8am – 8pm
Sunday	8am – 4pm
Appointments available:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Saturday	8am – 8pm
Sunday	8am – 4pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17651.0	470.0	100.0	21.3%	0.57%

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)	83.3%	91.2%	94.5%	Variation (negative)

Any additional evidence or comments

At the time of the last national patient survey, the provider had been managing the practice for two months only. As a consequence, the data from that survey would not solely reflect the performance of this provider.

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions   Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those   Population group rating: Good
recently retired and students)

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 provided a wide range of appointment times including times outside of their contractual hours. For example, the practice was open from 8am to 8pm Monday to Saturday and 8am to 4pm on Sunday.

- The practice also provided the hub service for their locality (eight practices) and offered routine appointments from 6.30pm to 8pm Monday to Friday, and 8am to 8pm on Saturday.

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 able to register with the practice, including those with no fixed abode such as homeless people and travellers. The practice had a homeless register to support this.

- 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. For example, dedicated learning disability clinics were offered on a Sunday so that patients could attend the practice when it was quiet, and clinicians were able to dedicate extra time for patients where required.

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.

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	35.2%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	59.1%	65.0%	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)	65.4%	64.3%	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)	66.5%	69.7%	73.6%	No statistical variation

Any additional evidence or comments
• At the time of the last national patient survey, the provider had been managing the practice for two months only. As a consequence, the data from that survey would not solely reflect the performance of this provider.
• Following the GP survey data, the practice had implemented a new telephone system. The data available hasn't been renewed since our last inspection and consequently the results of this improvement cannot be verified. However we are still seeing negative external reviews referencing this and have advised the practice to continue to monitor this feedback.

- The practice had buddy arrangements in place at the practice when a doctor was away.
- The practice demonstrated a comprehensive appointment structure which including emergency and on the day appointments.
- The practice had a system in place for triaging home visits with a GP before a decision was made. If the case was considered an emergency, then an ambulance would be advised by the GP.

Source	Feedback
NHS Choices	The practice had a rating of 3 out of 5 stars based on 27 reviews. Themes included appointment availability, accessibility issues such as cancelled appointments and attitude of reception staff.
Google Reviews	The practice had a rating of 1.7 out of 5 stars based on 158 reviews. Of the most recent reviews from the last six months, the main themes are the manner of reception staff and telephone appointment protocols as patients are asked to call back frequently and then not followed up.

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.	12.
Number of complaints we examined.	12.
Number of complaints we examined that were satisfactorily handled in a timely way.	12.
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0.

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
On the day of inspection, we examined three complaints. All complaints were handled well and health ombudsman details were included.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained that they were due to travel and had been waiting for a prescription for around ten days. They were also put on hold for 40 minutes and a member of staff was rude towards her verbally.	A meeting was held with the patient along with the practice pharmacist and it was found that a script was issued electronically and that an apology was offered to the patient for any distress caused by the receptionist's actions. It was explained that a full investigation will be taken place including requesting a recording of the telephone call. The pharmacist explained that the patient can request medications electronically following a review of her repeats and if there were any issues then to book a telephone appointment with the pharmacist.
Patient had a blood test and was found to have B12 deficiency, script was issued, and patient wanted to redo the blood test after 2 months. All blood tests were done except B12. The patient was unhappy regarding the blood test not being done at the appropriate time.	The blood test for B12 was repeated. The patient was then booked with lead GP to discuss the results and appropriate care was delivered. Complaint was discussed with the patient and they were satisfied with the outcome. The phlebotomist involved was also spoken with and reminded regarding importance of checking records properly.

Well-led   Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: - The practice identified recalls in relation to screening and immunisation schemes in conjunction with training staff and developing better processes as key aims and challenges. - The practice was reviewing whether more space might be available at the practice.. - The practice told us that they found changing the culture of out of hours (OOH) use and over the counter (OTC) prescribing challenging with their practice population.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: - The practice had a primary goal of improving patient satisfaction. They told us that they will continue to proactively use feedback to improve their service, use their patient engagement days to ascertain themes along with monitoring their friends and family feedback. The practice also wanted to continue to work closely with their emerging patient participation group. - The practice was looking to covert two administation rooms into an additional clinic room.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: • When patients were affected by an incident they received both a written and verbal apology. • Staff we spoke with described the practice as happy, friendly, appreciative with an open-door policy. • Staff wellbeing was maintained with an open-door policy and supportive culture. Staff encouraged to have breaks if stress is identified.	

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

Source	Feedback
Staff Interviews	Staff expressed they enjoyed their work and felt able to approach management with any concerns.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:
- The practice had a nominated business manager, clinical leads, infection control lead and safeguarding lead.
- The practice had a sequence of meetings organised and planned to support running of practice and optimise communication.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: • The practice had improved coding arrangements by creating an administration team who were responsible for this. Audit trails were being generated by the practice electronic computer systems and the practice have reduced risk by only using long term locum GPs. • The practice told us that they were planning to hire an external company to undertake risk assessments and then follow up the relevant actions identified.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice had proactively acted on all information sources available. They have specifically focused on diabetes, plus screening and immunisation programmes.	

If the practice offered online services:

	Y/N/Partial

The provider was registered as a data controller with the Information Commissioner's Office.	N/A
Patient records were held in line with guidance and requirements.	N/A
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence: The practice website allowed for patient to book appointments online, view past and future appointments, order recent and regular repeat medications, view summary care records and access test results.	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
We interviewed three members of the Patient Participation Group (PPG). They were overall very happy and pleased to be so actively involved with the practice. The PPG remain newly formed however there is progress from when we last inspected.

Any additional evidence
- The practice expressed that they received good feedback from their friends and family test. Their latest score found 85% of patients happy with the service.   - Following our previous inspection, the practice have now conducted patient engagement days which they feel has received a good response.   - The practice had complaint logs and we found evidence that they were acting on feedback being given by the practice population.

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:	

- Leaders at the practice told us that they felt that they had improved in areas such as their improved uptake of health checks and their overall QOF exception reporting which they expressed had reduced from 9.0% to 6.3% for 2018/2019.

Examples of continuous learning and improvement
- Managers told us that they were looking to continue patient education where possible to encourage patients to be more proactive in their care, particularly those patients with diabetes.   - The practice had been involved in a research project called "Smear at Home" research. The practice used their full allocation of kits in assisting with this research.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

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

Glossary of terms used in the data.
- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.