

# Care Quality Commission

## Inspection Evidence Table

### North Brink Practice (1-543880686)

Inspection date: 26 November 2019

Date of data download: 13 November 2019

## Overall rating: Good

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

### Safe

### Rating: Good

At the previous inspection in November 2018 the practice was rated as requires improvement because there was an inconsistent process for prescribing antibiotics and controlled drugs and to the staff appraisal system. The practice had not acted on their risk assessment to ensure all recommended emergency medicines were appropriately stocked. The process for acting on safety alerts was inconsistent. At this inspection, the practice demonstrated clear leadership and cohesive team working to ensure the practice had actioned and further improved all issues identified. They had embedded and sustained proactive systems and processes that monitored patient's safety. These systems and processes were regularly monitored, and further improvements encouraged.

#### 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 <sup>1</sup>
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes <sup>2</sup>
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.	Partial <sup>3</sup>
There was active and appropriate engagement in local safeguarding processes.	Yes <sup>4</sup>
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes <sup>5</sup>
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. There were flags on patient records indicating when patients were identified as having a potential safeguarding concern. Medical records clearly outlined safeguarding concerns.</li> <li>2. The practice had comprehensive safeguarding policies (adult and child), including contact details for the safeguarding lead and teams in other agencies/services. It stated the provider's training requirements for staff. For example, any team member who had contact with children (including reception staff) should be trained to level two, and all practice nurses and GPs to level three.</li> <li>3. All clinical staff had completed adult and children safeguarding training, either using an online package or face to face training. This was to level three for safeguarding children and level two for safeguarding adults. The non-clinical team were currently trained to safeguarding children level one and following the inspection had implemented training plans to update this to level 2 in line with new national guidance.</li> <li>4. The GP safeguarding lead had regular meetings with health visitors and there were shared electronic records to promote shared understanding of safeguarding risks.</li> <li>5. Disclosure and Barring Service (DBS) checks had been completed for all clinical staff. The DBS policy stated reception and administration roles would be risk assessed regarding the need for a DBS on a position by position basis. The practice showed us they carried out appropriate risk assessments and reviewed them when staff took on different responsibilities.</li> </ol>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes <sup>1</sup>
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. We looked at three staff personnel files and they showed evidence of safe recruitment procedures. However, the recruitment policy did not provide clear guidance for checks required to be carried out on new staff at recruitment. We discussed this with the practice on the day of the inspection and they told us they would put a process in place. After the inspection the practice sent evidence this had been actioned.</li> </ol>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent	Yes

person. Date of last inspection/test: August 2019	
There was a record of equipment calibration. Date of last calibration: August 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: December 2018	Yes
There was a log of fire drills. Date of last drill: October 2019	Yes
There was a record of fire alarm checks. Date of last check: Weekly log seen	Yes
There was a record of fire training for staff. Date of last training: various dates all staff have completed	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: May 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Comprehensive systems had been installed and implemented to ensure staff and patients were kept safe. For example, the practice recognised they delivered services from building premises that were old and challenging in respect of narrow corridors, entrances, exits and stairways. We saw procedures in place to ensure evacuation in the event of an emergency was organised and responsive to the situation. Fire safety bags with equipment such as two-way radios were strategically placed, and senior staff were trained to co-ordinate any evacuation by accessing where the potential fire was and exit through the safest route. Fire safety training was given to all staff regularly and on induction by a staff member who had appropriate qualifications and included the use of visual and sound electronic recording of the premises to ensure the staff member understood the complexities of the evacuation.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: various ongoing log seen	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: various ongoing log seen	Yes
Explanation of any answers and additional evidence: The practice had a comprehensive proactive approach of anticipating and managing risks to people who used the services this was embedded and was recognised as the responsibility of all staff. Security was of paramount importance and the practice employed a member of staff with experience and knowledge of managing the health and safety of premises and people. North Brink delivered their	

regulated activities from three converted grade two listed buildings. These contained 47 clinical rooms, administration rooms which included a call centre room. There were several narrow corridors and several staircases. We were shown extensive risk assessments and actions to mitigate risk in all areas. For example, all clinical rooms had discreet door key pads housed in the handle of the door. This ensured access to clinical rooms was limited to staff.

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes <sup>1</sup>
Staff had received effective training on infection prevention and control.	Yes <sup>2</sup>
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Various dates most recent September 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes <sup>3</sup>
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:	
<ol style="list-style-type: none"> <li>1. The practice completed and documented weekly cleaning inspections and deep cleans every six months. Contract cleaners attended the practice daily.</li> <li>2. Annual infection prevention and control e-learning was completed, and new employees completed it during induction which included hand washing technique.</li> <li>3. A Legionella risk assessment and regular water testing was completed.</li> </ol>	

## 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 <sup>1</sup>
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	Yes

unwell patient and had been given guidance on identifying such patients.	
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: 1. The practice displayed guidance on identifying and responding to signs of sepsis. Sepsis awareness was part of the induction programme.	

### 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 <sup>1</sup>
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes <sup>2</sup>
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: 1. An administrator took responsibility for summarising new patient notes. This was overseen by a clinician to ensure accuracy. 2. At our previous report we were not assured that all safety alerts were being acted on in a timely manner. At this inspection we saw that all alerts were appropriately actioned, monitored and discussed at team meetings.	

### 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	1.20	0.92	0.87	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)				
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)	12.4%	10.8%	8.6%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.93	5.79	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)	2.01	2.11	2.08	No statistical variation

#### Any additional evidence or comments

The practice was aware of their higher than average prescribing of antibiotics. The practice had undertaken five audits over 12 months. The last audit in July 2019 showed a continuing reduction however the practice remained above CCG average. The practice continued to review their prescribing trends.

Data from our previous report published January 2019 showed the practice performance in respect of the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) was 1.29 compared to the CCG of 1.01 and the national average of 0.94

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). (01/10/2017 to 30/09/2018) was 14.2% compared to the CCG average of 12.2% and the national average of 8.7%.

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

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes <sup>1</sup>
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes <sup>2</sup>
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>At the previous inspection the practice had not audited the prescribing of controlled drugs on repeat prescription and had not introduced a formal process where the patients were reviewed and supported to reduce or identify alternative medicines. At this inspection we were told a clinician had been identified to lead on monitoring of controlled medicines. We viewed three sets of records and saw documented discussions about offering support to reduce dosage or consider alternative options.</li> <li>At the previous inspection the practice had not risk assessed the stock of emergency medicines. We identified one medicine that was recommended was not stocked and the risk assessment did not identify the reason the medicine was not ordered. At this inspection all recommended emergency medicines were present.</li> </ol>	

<b>Dispensary services (where the practice provided a dispensary service)</b>	<b>Y/N/Partial</b>
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes

### **Track record on safety and lessons learned and improvements made**

#### **The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	69
Number of events that required action:	69

We saw from records the practice valued an open approach to learning from incidents that occurred,

however minor. Staff we spoke with confirmed they were able to and felt supported to report, discuss and share learning.

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

Event	Specific action taken
Medicine added to repeat prescription by non-clinical staff who believed it was from a reliable source	Identified as a training error. Staff member re-trained to identify their level of remit. Audit put in place to ensure the issue did not re occur.
An adult patient attended for a travel vaccine. The patient was given a child's dosage instead of the adult dosage.	Child and travel vaccines are now kept separately. Two nurses should check any intramuscular medications.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Following our previous inspection, we saw the practice had made improvements to their system to manage safety alerts. We saw examples of actions taken on recent alerts for example: One concerned an alert related to a medicine used to treat elevated blood uric acid levels associated with health conditions such as gout. Another alert related to a potential syringe failure to treat an anaphylactic shock due to blockage of the needle. We found in both instances the practice had acted as given in the guidance.</p>	

## Effective

## Rating: Good

At our previous inspection in October 2018 we rated the practice as requires improvement for providing effective services. This was due to Quality and Outcomes Framework (QOF) indicators which showed the practice scored lower than local and national averages for some patients.

At this inspection, we have rated the practice as good overall and for all population groups. We have rated the practice as good overall because the practice performance in relation the QOF data generally showed improvements.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, 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 <sup>1</sup>
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: 1. The practice had improved their recall systems for patients with long term conditions. Previously patients had been seen by booking an appointment with a nurse and not through a structured recall system. The Quality and Outcome Framework (QOF) data showed the practice was below average for the indicators of diabetes and hypertension. They were aware of this and had consequently reviewed the re-call systems and were now proactive in contacting patients. The new system was being monitored to ensure the improvements they had seen were sustained. The practice had been successful in recruiting a wider skill mix of nurses and could offer a greater flexibility of appointments.	

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>	0.98	0.81	0.75	No statistical variation

## 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 to their own home or to one of the local care homes. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>The practice carried out structured medication reviews at least annually for all older patients. These were carried out in the patient's home if needed.</li> <li>Staff, including the nursing staff with responsibility for the care homes, 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. These were carried out in the patient's own home if needed.</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
<ul style="list-style-type: none"> <li>Patients with long-term conditions had access to a structured review at least annually to check their health and medicines needs were being met. The recall system for reviews had recently been restructured. The new process was being embedded, data from QOF 2018/2019 showed some indicators remained below the CCG and England averages. We reviewed the practice performance over the past three years and saw there was a steady improvement of review uptake.</li> <li>The practice had a member of staff who was responsible for running regular monitoring searches for patients with certain long-term conditions. This ensured that a high quality of patient care was delivered, and any underperformance was identified, and action taken.</li> <li>Staff who were responsible for the reviews of patients with long-term conditions had received specific and on-going training.</li> <li>The practice encouraged and supported patients to self-manage their condition. For example, a blood pressure monitoring machine was easily available in reception for patient to take and submit their blood pressure readings. These were reviewed by clinical staff and patients contacted if needed.</li> <li>GPs and nurses followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</li> <li>The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.</li> <li>The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation</li> </ul>

and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice offered clinics to the patients from the practice and other local practices for the management and monitoring of anticoagulation medicines.

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>	71.4%	79.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	6.1% (85)	14.5%	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>	59.9%	72.5%	78.1%	Variation (negative)
Exception rate (number of exceptions).	10.4% (144)	11.5%	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>	79.6%	80.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	9.0% (125)	13.2%	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>	80.1%	75.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	3.7% (46)	8.4%	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>	91.2%	88.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	7.1% (42)	13.0%	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)	75.8%	82.5%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.8% (207)	4.7%	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)	95.7%	92.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	12.5% (53)	6.7%	5.9%	N/A

#### Any additional evidence or comments

We noted the QOF data 2018/2019 generally showed improvements from QOF 2017/2018 data used in our previous report.

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) had increased to 71.4% compared to 69.3% in 2017/2018.

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) had decreased to 59.9% compared to 61.4 % in 2017/2018.

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) had increased to 79.6% compared to 71.5% in 2017/2018.

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) had increased to 80.1% compared to 78.8% in 2017/2018.

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) had increased to 91.2% compared to 85.7 % in 2017/2018.

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) had increased to 75.8% compared to 73.4% in 2017/2018.

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) had increased to 95.7% compared to 90.9% in 2017/2018.

We noted the exception reporting for QOF and the above indicators had generally increased but was in line or below the CCG and national averages.

**Findings**

- The practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. The practice told us they used ad hoc opportunities to encourage and give immunisations to those patients who did not regularly attend the practice.
- A practice nurses had received additional training and was undertaking six-week baby checks and at these appointments was encouraging parents/guardian to attend for their children’s immunisations.
- 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. This included the fitting and removal of long-term acting contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	186	194	95.9%	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)	171	199	85.9%	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)	171	199	85.9%	Below 90% minimum
The percentage of children aged 2 who	169	199	84.9%	Below 90%

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)				minimum
--	--	--	--	---------

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

### Any additional evidence or comments

Childhood immunisations uptake rates were below the World Health Organisation (WHO) target percentage of 95% for three of four of the indicators, they were also below the 90% for three of the four indicators. We noted the practice performance in relation to three of the four childhood immunisations had decreased and one had increased from the data used in our previous report published January 2019.

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) had increased to 95.9% compared to 91.4% .

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) had decreased to 85.9% compared to 94.4% .

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 had decreased to 85.9% compared to 94.4% .England)

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) had decreased to 84.9% compared to 94.4%

The practice was aware of this and had taken steps to try and improve uptake. For example, nurses would phone the parent/guardian if they did not make an appointment post invitation. Children that did not attend their booked appointment were followed up and another appointment offered. An electronic alert flag was put on their record for clinicians to discuss opportunistically if the parent attended the practice for a different reason. The practice was aware of the high number of patients that had migrated to the area especially from Eastern Europe. Several families spent months in their contrary of origin and did not want to take up the PHE immunisation programme.

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

Population group rating: **Good**

### Findings

- Telephone appointments were routinely available to patients that found it difficult or inconvenient to attend the practice.
- 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. The practice had completed 374 NHS checks in the previous 12 months.
- Patients could book or cancel appointments online and order repeat medication without the need

to attend the surgery.

- The practice was proactive in working with other agencies such as Health trainers to support patients with dietary, exercise and lifestyle advice.

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)	71.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.2%	73.4%	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)	54.2%	57.0%	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)	59.5%	63.0%	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)	52.1%	60.6%	51.9%	No statistical variation

### Any additional evidence or comments

The practice had not met the 80% national uptake target for cervical screening and we noted in our previous report published January 2019 the practice performance was 73.6% which was slightly higher than the current performance.

The practice recognised this and told us they had identified areas of where the cultural preference of the population group had a negative effect on the performance figures. This included patients from other countries such as Eastern Europe who did not have their screening undertaken at the practice but returned to their country of origin and did not want to accept the NHS screening programme. We saw the practice undertook regular searches to identify patients who were due or overdue for cervical cancer screening. These patients were called by the practice inviting them for a cervical screening test; if the patient did not respond they would be given a further telephone call and sent reminder letters.

The practice was flexible and offered appointments for the cancer screening throughout the day and in the extended hours hub.

**People whose circumstances make**

**Population group rating: Good**

## them vulnerable

### Findings

- The practice offered routine appointments and same day appointments of 13 minutes and would extend these when required.
- All patients with a learning disability were offered an annual health check. In the past 12 months the practice had completed 59 of the 115 patients registered with a learning disability.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The nurses employed by the practice who undertook home visits were proactive to ensure patients who wished to be cared for at home were enabled to do so.
- 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.
- As part of their wider skill mix, a nurse practitioner employed by the practice had received training additional training to manage and support patients who to reduce high risk medication such as opioids.

## 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.
- Additional support for children and young people experiencing early stage mental health issues had been developed.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice hosted and worked with other services such as community mental health workers to ensure effective clinical this population group with shared care management plans.

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	97.4%	88.1%	89.4%	Tending towards variation (positive)

31/03/2019) <sup>(QOF)</sup>				
Exception rate (number of exceptions).	19.8% (19)	14.6%	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) <sup>(QOF)</sup>	91.5%	87.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	14.6% (14)	12.3%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <sup>(QOF)</sup>	76.3%	83.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (5)	7.9%	6.7%	N/A

### Any additional evidence or comments

The practice identified the challenges they met with the local provision of mental health and wellbeing services. To support their patients receiving early support and intervention they employed a nurse with skills, experience and additional training (Tier I) in providing mental services to young people. Tier one practitioners offer general advice and treatment for less severe problems' mental health issues. They contributed towards mental health promotion, identified problems early in the child or adolescent development and was able to refer to more specialist services. Clinical staff we spoke with were positive in the feedback about this service and the support it gave their young patients.

### 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)	535.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	95.7%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.7%	No Data	No Data

We noted from our previous inspection published January 2019 the practice overall performance in relation to QOF had increased from 93% to 95.7%  
Exception reporting had also decreased from 8% to 5.7%

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

<p>The practice had a programme of ongoing clinical audits, for example:</p> <ul style="list-style-type: none"> <li>We viewed a three cycle audit the aim was to ensure they were following CCG guidelines on the prescribing of controlled opiates by branded name. The audits showed a small decrease in the prescribing of controlled opiates by branded name however, there was one opiate that had increased without evidence to identify why. The practice introduced a new electronic software template that automatically updated to the CCG choice of prescribing and planned to continue to monitor their performance.</li> <li>The practice shared with us a five-cycle audit in relation to the recording of prescribed antibiotics. Over the five cycles there was a reduction seen in prescribing levels however, they remained above the CCG and England averages. We discussed this with the lead GP we told us they had a high number of patients aged over 65 years old (35% of their registered patients CCG averages at 26% and England at 27%) and this was likely to have had an impact on their prescribing levels. The practice recognised that treatment with antibiotics was more likely to recommend in the over 65-year-old patients as they are susceptible to sepsis if infections go untreated and this may be a factor to explain the practice's higher than CCG averages. The practice had processes in place to monitor their data.</li> </ul>
--

## 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 <sup>1</sup>
The practice had a programme of learning and development.	Yes <sup>2</sup>
Staff had protected time for learning and development.	Yes <sup>2</sup>
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	Yes <sup>3</sup>

supervision and revalidation. They were supported to meet the requirements of professional revalidation.	
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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. The continuing development of the skills, competence and knowledge of the staff team was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. This included supporting all staff including nursing and pharmacy staff to develop in a range of clinical areas. For example; additional mental health training, prescribing qualification, contraceptive services and six-week baby checks.</li> <li>2. The practice had a range of educational meetings during the year to ensure all staff had the appropriate knowledge to support them in their roles. The meetings attended by clinical and non-clinical staff were held on average each month and had covered a range of topics, which included heart failure, COPD, safeguarding training and medicines management.</li> <li>3. We saw examples of staff appraisals which were comprehensive. The appraisal contained a development section where they looked at what training and development was needed for staff.</li> </ol>	

## 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) <small>(QOF)</small>	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 <sup>1</sup>
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. The practice evidenced that co-ordinated and comprehensive care planning and multiple disciplinary team (MDT) work had been on-going for five years. Care plans were compiled not only using a risk assessment score but also doing in depth reviews including using factors such as social isolation, drug and alcohol abuse and referrals from other health care professionals who were concerned.</li> </ol>	

## 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

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>	93.9%	95.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (44)	1.0%	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.	Yes <sup>1</sup>
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes <sup>2</sup>
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. Policies and protocols were in place to ensure there was a standardised approach to obtaining consent.</li> <li>2. Clinical staff demonstrated good knowledge of the Mental Capacity Act.</li> </ol> <p>The practice model of care provided by the practice relied on the patients seeing a wider skill mix of clinical staff. These staff were overseen by the GPs, staff demonstrated good processes</p>	

and documentation for obtaining patients consent either verbally or written allowing them to discuss the care and treatment with the GPs.

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	37
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	Patients who completed comment cards told us that they found staff to be warm, friendly and professional. One patient told us they felt looked after. Another patient told us they could not fault the care. One patient praised the practice on the support they had received following their bereavement, describing the support as fantastic. Another patient told us that they received efficient service and had been referred to several agencies for help.
NHS Choices	The practice had been rated five stars by patients, five reviews in the past 12 months. One patient described the receptionists as polite, empathetic and efficient. Another patient described reception staff as very kind, patient and helpful, and the GPs as extremely kind, caring and pro-active. A patient described the nurse as very thorough.
Interview with patients	We spoke with six patients on the day of the inspection. Patients felt that they were treated with care and respect and felt that staff did their best.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19846.0	288.0	102.0	35.4%	0.51%

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)	83.1%	90.0%	88.9%	No statistical variation
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)	81.5%	88.0%	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)	93.4%	95.8%	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)	80.7%	84.4%	82.9%	No statistical variation

	Y/N/Partial
The practice carries out its own patient survey/patient feedback exercises.	Yes
<p>To improve patient satisfaction, the practice increased appointment slots to 13-minute appointments in the nurse led clinic.</p> <p>Feedback from patients was positive, they stated the nurse took time to review their understanding of the information given by the GP. They told us they were given appropriate time and felt supported. Forms requesting blood tests and referrals to other health providers were completed during the consultation or immediately after.</p> <p>The practice regularly reviewed the impact of the changes such as the extended consultation time from 10 minutes to 13 minutes. They told us the extra consultation time provided the clinical staff with more time to discuss patients' needs. This had resulted in improved management of patient's conditions and experience. The practice in-house survey showed results were in line or slightly above</p>	

CCG averages.

### 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: Easy read and pictorial materials were available. A range of information was available within the practice to help signpost patients to support and advocacy services.	

### 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)	92.5%	93.9%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 298 patients as carers. This represented 1.5% of the practice population.
How the practice supported carers (including young carers).	The practice identified carers through regular searches of the clinical system and through the registration process of new patients. A carers champion was in place to coordinate the carers plan, a carers pack was

	available with information on local services and carers were offered double appointments when seeing a clinician.
How the practice supported recently bereaved patients.	The practice confirmed that GPs contacted the families of recently bereaved patients to offer support. A follow up appointment was also available if required and GPs offered referrals for recently bereaved patients to support services or charities, such as Cruse bereavement care. The practice confirmed all staff receive a message using the practice's electronic patient software programme, notifying all staff of a patient's death ensuring the medical records were updated in a timely manner

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: The practice had a multi-language check in screen for patients to use. The reception area was away from the main waiting area. Telephone calls were taken in a staff only area and not at the main reception desk to maintain patient confidentiality. A sign reminded patients to respect patients' personal space at the reception desk.	

If the practice offered online services:

	Y/N/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.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

## Responsive

## Rating: Good

At our previous report we rated the practice, and all the population groups, as requires improvement for providing responsive services because the practice GP patient survey showed results were below the local and national averages for questions relating to access to care and treatment. At this inspection we saw evidence that the practice had implemented changes in collaboration with the patient reference group.

### 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 <sup>1</sup>
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes <sup>2</sup>
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 <sup>3</sup>
There were arrangements in place for people who need translation services.	Yes <sup>4</sup>
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. The practice recognised the challenges of recruiting GPs. To overcome this challenge, they had employed a wide skill mix of clinical staff including nurses with extended skills such as mental training, community nurses, advance nurse practitioners, and pharmacists. The practice with these staff had developed services such as an on the day home visiting team, appointments with easy access for service such as mental health well-being and contraception for young people.</li> <li>2. Other services the practice had recognised that would benefit all patients including those from other practices included an anti-coagulation monitoring service, a service offering 24-hour ECG recording. Reception staff had received training in care navigation to ensure patients were sign posted to the most appropriate clinician or service.</li> <li>3. The practice operated a on the day duty team (including nurses and a GP) and a nurse led appointment system for patients who wanted to see a clinician on the same day. There was clinical oversight by the GP for all patients. There was continuity of care for patients requiring follow up by a GP, these appointments could be booked by the clinician themselves. All patients seen by the nurses were discussed with the GP at the end of each session.</li> <li>3 The practice made reasonable adjustments when patients found it hard to access services such as telephone consultations which supported patients who were unable to attend the practice during normal working hours. The practice provided dispensary services for people who needed additional support with their medicines, for example, a home delivery service and large print labels.</li> <li>4 Some practice staff spoken other languages such as Polish and Russian.</li> </ol>	

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Extended access for all residences in the Wisbech locality	
Wednesday	6.30pm – 8pm
Saturday	8am – 12.15pm

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19846.0	288.0	102.0	35.4%	0.51%

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)	92.7%	94.0%	94.5%	No statistical variation

### Any additional evidence or comments

--

## Older people

Population group rating: **Good**

### Findings

- The practice had employed two community nurse practitioners with additional skills in palliative care to provide coordinated end of life care and holistic care to all residence in care/nursing homes. Patients were supported and empowered to receive end of life care in a place of their choosing for example at home, hospices, or local hospital. The nurse practitioners had introduced a hospice at home service to ensure those patients who wish to die at home were able to so and that their carers and relatives were supported. The nurse practitioners were proactive in having and recording discussions about care and treatment with patients including their end of life wishes. For example, all patients had recorded their wish in respect of emergency medical intervention level (Do Not Attempt resuscitation DNAR), not to be taken to hospital and if taken to hospital the level of intervention for example not to be ventilated or to go to intensive care.
- To further support the staff working in the care homes, the nurse practitioners had given care staff training session to support them in their role. These training sessions included case scenario discussions and sharing best practice to ensure safe processes were in place. Training was provided on how to use the RESPECT form (Recommended Summary Plan for Emergency Care and Treatment) and the actions to take if the clinical condition of a patient changed. Other

training included sepsis awareness, when to call the emergency services and how to recognise and what action to take in cases such as dehydration and patient agitation.

- The nurse practitioners visited elderly housebound patients and would contact their named GP or the duty GP to discuss any concerns relating to symptoms and ongoing treatment. They were proactive and liaised with carers/relatives and others such as social workers or Macmillan nurses to ensure shared information where appropriate.
- The nurse practitioners coordinated care planning, the multi-disciplinary team (MDT) meetings and caring for patients in the practice living in any of the eight care homes align to the practice.
- The practice nurses were trained and saw older patients for complex wound care.
- All patients had a named GP who supported them in whatever setting they lived.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

- Following the changes to the practice recall system, patients with multiple conditions had their needs reviewed in one appointment. Patients were able to access the practice blood pressure monitoring machine in the waiting and the results were made available to the clinical staff.
- Appointments for reviews were available during Wednesday evening and on Saturday mornings through the GP hub service. This service was hosted in the practice enabling patients to make an appointment at times convenient to them.
- 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.
- For the patients with complex conditions, the practice hosted and worked with specialist nurses such as those for diabetes and respiratory disease.
- 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

- The practice identified the challenges they met with the local provision of mental health and wellbeing services for children and young people. To support their young patients receiving early support and intervention they employed a nurse with skills, experience and additional training (Tier I) in providing mental health services to young people. Tier one practitioners offer general advice and treatment for less severe problems and mental health issues. They contributed towards mental health promotion, identified problems early in the child or adolescent development and was able to refer to more specialist services. Clinical staff we spoke with were positive in the feedback about this service and the support it gave their young patients.
- 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.
- Monthly Clinical safeguarding meetings were held, patients identified at risk were discussed and plans agreed.
- Late appointments were available at the practice on Monday and Tuesday evenings and at the GP hub for Wednesday evenings evening and Saturday morning appointments.

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

**Population group rating: Good**

#### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and Tuesday. Pre-bookable appointments were also available to all patients living in Wisbech were able to book appointments Wednesday 6.30pm to 7.30pm and Saturday 8am to 12 noon.
- SMS text confirmation of appointments with a reminder service.
- Telephone advice and appointments were available. The practice accommodated working patients and would pre-arrange a time for the call back. This allowed the patient to find a quiet/private area to take the call, so no one would overhear potential confidential information.

### **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, and those with a learning disability. The practice had a population of travellers especially at the twice-yearly fairs.
- The practice served an area of seasonal work such as fruit picking and ensured temporary patient registration was available and the flexibility of appointments ensure they could access GP services outside of their working hours.
- 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.
- Some practice staff spoke other languages and translation services were routinely used to ensure responsive and effective care and treatment for this population group.

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

**Population group rating: Good**

#### **Findings**

- One day a week the Primary Care Mental Health Service (Prism) attend the practice. They

offered 30-minute appointments either over the phone or face to face with the patient. They provided early assessment, treatment and/or onward referral in the community or secondary care. Patients were encouraged to discuss and set goals, focus on their goals achievements and access local community resources. Where appropriate they were referred back to the patient's own GP or nurse practitioner.

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice cared for patients with dementia who lived in local care and nursing homes, regular and proactive visits were undertaken to ensure the patient, carers and relatives were supported. The practice provided services to eight care homes where they had established weekly visits to ensure regular follow up and proactive care for patients.

### Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	61.6%	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)	69.9%	72.7%	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)	74.1%	67.0%	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	76.8%	78.3%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
were offered (01/01/2019 to 31/03/2019)				
Any additional evidence or comments				
<p>We noted that the results from the GP patient survey showed patients had a more positive response to obtaining access to the practice.</p> <p>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) was 61.6% this was a decrease from the GP patient survey data July 2018 which was 68.2%.</p> <p>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) was 68.9% this was an increase from the GP patient survey data July 2018 which was 57.3%.</p> <p>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) was 74.1% this was an increase from the GP patient survey data July 2018 which was 59.9%.</p> <p>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) was 76.8% this was an increase from the GP patient survey data July 2018 which was 69.1%.</p> <p>The practice had reviewed the GP patient survey data and were positive about the improvement seen. They told us the improvements seen were as a result of employing more staff to meet patient demand.</p> <p>The practice was aware of the lower satisfaction in relation to getting through on the telephone and had made changes. For example, they had installed more telephone lines and ensured more staff were available at peak times to answer the telephones. Where demand was high other staff such as administrators were able to answer the phones to support their colleagues. They were able to run status reports on the telephone system and reviewed these. They shared a recent report with us which showed data relating to areas such as the number of calls answered and the peak times of demand. The report detailed that on a typical Monday 659 calls were answered with 61 unanswered as patient ended the call. The report showed the lines were not all busy (engaged) at any one time.</p>				

## 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.	34
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about feeling rushed through an appointment with a GP. They also stated the GP was dismissive.	The manager spoke with the patient. The patient was happy for feedback to be given to the clinician involved, about how they felt. Informed the referral discussed at the appointment had been sent. Patient was reassured and stated no further action required.
Patient complained that hospital discharge letter that they had taken to the practice seven days ago had not been scanned onto their notes and the new medicine was not prescribed	Reception staff were reminded of the need to scan all documents handed in to avoid this reoccurring. The patient was spoken with and the new medicines were issued.

## Well-led

## Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because the leadership had ensured the practice was able to deliver high quality care and treatment to patients despite the challenge of a scarcity of GPs and a consequent inability to recruit into vacancies. They had developed and implemented an innovative model of care which centred on using a wider skill mix of clinical staff. The practice demonstrated effective governance systems and processes and the open culture was used to drive and improve the delivery of high-quality person-centred care. Practice leaders were innovative and openly shared this with others such as their local primary care network (PCN). They worked with other stakeholders to reduce the impact on emergency services and secondary care. They provided services from a converted Grade II listed premises and despite the challenges of the structure these were maintained to a very high standard. The practice employed a staff member with previous health and safety experience who undertook a comprehensive risk assessment tracked on an electronic tracking system that was continuously monitored.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes <sup>1</sup>
They had identified the actions necessary to address these challenges.	Yes <sup>2</sup>
Staff reported that leaders were visible and approachable.	Yes <sup>3</sup>
There was a leadership development programme, including a succession plan.	Yes <sup>4</sup>
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. The practice had experienced challenges in recruiting to GPs, they had overcome this challenge by employing a wider skill mix of nursing staff and pharmacists. This team included nursing staff with a diverse range of specialist skills and knowledge. For example, one nurse had an additional qualification to help young people who maybe experiencing poor mental health. Other skills included experience in Accident and Emergency nursing, enhancing the triage of patients. To meet patient demand and ensure clinical oversight and support, the GPs redesigned the services provided to patients. The practice had a realistic strategy and supporting objectives which were reviewed to maintain quality and sustainability.</li> <li>2. Leaders had been responsive to improve, sustain and further improve issues identified during our inspection in November 2018. They had created an action plan to address areas that required improvement. We saw areas had been addressed in order of priority. For example, emergency medicines were ordered the day after the inspection, and health and safety systems were implemented, imbedded and understood by all staff.</li> <li>3. Staff we spoke with explained that the partners and managers were visible and approachable. Staff described the practice team as supportive. Partners demonstrated a determination to tackle health inequalities and there was a systematic approach with strong governance arrangements when working with stakeholders to improve care outcomes.</li> <li>4. The practice had agreed their business plan in 2019 they had identified five strategic local areas to focus on.</li> </ol>	

## Vision and strategy

**The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes <sup>1</sup>
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 <sup>2</sup>
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. The practice values were to continuously find ways to improve the safety, accessibility and</li> </ol>	

effectiveness of the care they delivered. The practice had comprehensive safety risk assessments that were consistently reviewed and up dated. They had increased the number of on the day appointments for their patients, extended the routine consultation time to 13 minutes and gave GPs time to see the more complex patients and to ensure continuity of care by following up patients as appropriate.

2. Staff we spoke with demonstrated clear understanding of the practice vision, value and strategy and applied this in their role.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes <sup>1</sup>
There was a strong emphasis on the safety and well-being of staff.	Yes <sup>2</sup>
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. Staff at all levels were actively encouraged to speak up and raise concerns, all policies and procedures positively supported this process.</li> <li>2. There was a strong emphasis on the safety and well-being of staff. One of the key objectives was to focus on a sustainable workforce and create better work life balance. This was being delivered through the development of staff.</li> </ol>	

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

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

	scheme with five modules starting with duty nurse/practice nurse training leading up to nurse prescriber. The practice also offered to support the completion of a masters degree for nurses and paramedics.
--	--

## 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 <sup>1</sup>
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes <sup>2</sup>
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. The practice had a system to ensure all staff were clear on their roles and responsibilities. Induction plans for new staff were tailored to the individual and there was a clear structure and accountability process in place. Communication was effective and organised through structured, minuted meetings. Governance and performance management arrangements were proactively reviewed and reflected best practice.</li> <li>2. Practice staff were supportive of others in the local health community. They actively supported the local care homes. This ensured the patients' health and care needs continued to be met. Innovation from the practice also focussed on the benefits to the wider health economy for example, reducing the number of elderly patients attending accident and emergency by carrying out weekly ward rounds of the care homes.</li> </ol>	

## Managing risks, issues and performance

**There was a demonstrated commitment to best practice performance and risk management systems and processes. Problems were identified and addressed quickly and openly.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes <sup>1</sup>
There were processes to manage performance.	Yes <sup>2</sup>
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes <sup>3</sup>
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 <sup>4</sup>
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> <li>1. Performance and risk were managed by the leadership team. Monthly management meetings were held they reviewed quality standards were being met and quality and risk was being</li> </ol>	

managed appropriately. These were monitored along with complaints, significant events and safety alerts through the governance management processes.

2. The practice had undertaken several risk assessments relevant to the provision of clinical care, clinical supervision for all nurses working in the nurse led clinics and as part of the on the day duty team. There was an ongoing plan in place to continually monitor performance and act on identified actions.
3. The practice operated from a large, three storey (47 clinical rooms, administration rooms which included a call centre room) Grade II listed building and was a conversion of three houses linked by numerous staircases and narrow corridors. A Grade II listed building is defined as a UK building or structure that is of special interest, warranting every effort to preserve it. The practice employed a staff member with previous health and safety experience, whose role was to manage the facilities and premises using comprehensive risk assessments and an electronic tracking system. Upgrades and improvements were being continuously undertaken and most of this work was undertaken at the weekends to avoid disruptions to patient services. We found the practice had implemented and sustained a high quality of infection prevention and control procedures, policies and training.
4. The practice evidenced a clear process to consider service developments, and their impact on the patients and staff. For example, to meet the challenge of a scarcity of GPs available for recruitment, the practice had employed 17 nurses including nurse practitioners and practice nurses, all with specialist clinical areas. The GPs had assessed the need for clear and robust clinical oversight to ensure patients received safe and effective care and treatment. The GPs and staff told us this had been a cohesive team approach and one that they were very proud of.

### 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 <sup>1</sup>
Performance information was used to hold staff and management to account.	Yes <sup>2</sup>
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

#### Explanation of any answers and additional evidence:

1. The practice used clinical data to drive performance and demonstrate improved outcomes for patients. This included the implementation of a range of initiatives to support patients. For example, the practice had employed two nurse practitioners to support the eight care homes and house bound patients. The practice had developed a nurse to deliver early intervention for child and adolescents presenting with emotional or mental health issues. The nurse run clinic overseen by a GP this resulted in an increase of up to three to four times many appointments and an increased accessibility to be reviewed/seen by a GP in a safe system.
2. A range of innovative changes to the clinical skill mix and service provision had been implemented to improve service provision and patient outcomes. This included regular reviews of

all information to ensure patients were receiving the appropriate care and treatment.

## 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 <sup>1</sup>
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes <sup>2</sup>
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. We received 38 CQC comments cards, all but one was positive regarding the care, treatment and access to appointments provided by the practice. The negative comment was about repeat prescriptions not always being fully filled. The friends and family test were reviewed by the management team. Comments were shared with staff through staff meetings. The results of the test were also displayed in the waiting areas for patients to see on a monthly basis. North Brink had received a certificate of excellence award via iWantGreatCare .This certificate was awarded to the practice because patients had consistently rated the practice delivering great care. Friends and family responses between September 2018 to May 2019 showed that out of 280 responses, 145 rated as 'extremely likely to recommend the practice'.</li> <li>2. Staff feedback highlighted a strong supportive team was in place. Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered, any ideas were discussed at staff meetings. Staff told us everything was a team effort, and everyone was treated as an equal and their opinions and ideas were valued. The practice had asked staff to identify areas of interest they would like to be developed. Following this engagement, they had established a nurse who led on managing patients on high risk medicines which may be addictive. This lead nurse worked in conjunction with the addiction clinic to support practice patients to reduce their reliance on opioid medicines in a local and emphatic way.</li> </ol>	

Feedback from Patient Reference Group.

### Feedback

The practice had an established patient reference group (PRG) of 53 members who met regularly with staff from the practice.

Minutes of those meetings were shared with patients via the practice website and television monitors in the patient waiting area. The PRG told us they considered the practice to be open and transparent and responsive to implement positive changes. The PRG had raised the issue around telephones not being

answered or were always engaged. The practice had introduced a new telephone system giving options for call transfer.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes <sup>1</sup>
Learning was shared effectively and used to make improvements.	Yes <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. To support the staff in the care homes, the practice nurse practitioners had carried out a range of educational sessions to support the staff. This included step by step guides on when to call the emergency services and the processes to follow if a patient was showing signs of dehydration or had become agitated.</li> <li>2. The practice was proactive in the continued development of learning from incidents and case discussions. Reviews of patients with complex care needs were regularly undertaken. For example, each day staff had protected time for de briefs from clinical sessions. Huddle meetings were held for staff to discuss the operational plans for the day such as ensuring appropriate staffing levels. To ensure patients were receiving appropriate care and treatment and risks were minimised there was clear clinical support and supervision with protected time for staff to share good practice. During the inspection we were provided with a range of case studies which demonstrated a systematic approach to the review and ongoing management of patients with complex needs. The outcome of each review was shared across the whole practice team to ensure learning was maximised.</li> </ol>	

## 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)	$\leq -3$
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.