

Care Quality Commission

Inspection Evidence Table

Cannington Health Centre (1-545199959)

Inspection date: 7 November 2019

Date of data download: 29 October 2019

This inspection focused on the following key questions: Effective and well-led. Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Safe, caring and responsive.

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
<ul style="list-style-type: none">The practice used a medication risk stratification tool designed to help identify patients who were at risk of harm from their medicines.	

- Patients had access to a duty doctor for urgent and on the day clinical assessments.
- Reception staff had undertaken signposting training to direct patients to the most appropriate source of help.

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>	0.43	0.66	0.75	No statistical variation

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Good

Findings

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

- Patients with asthma were offered an asthma management plan.
- Patients with diabetes were supported with digital apps to help them manage their diabetes symptoms.

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>	87.8%	70.1%	79.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	24.4% (77)	8.0%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.8%	68.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	16.8% (53)	6.8%	9.4%	N/A
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>	90.8%	76.4%	81.3%	Variation (positive)
Exception rate (number of exceptions).	17.5% (55)	11.1%	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>	76.1%	63.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	16.5% (68)	6.7%	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>	96.1%	74.1%	89.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.6% (20)	8.1%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	78.0%	78.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (41)	3.7%	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)	85.6%	88.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.7% (8)	5.0%	5.9%	N/A

Any additional evidence or comments

We reviewed areas where quality outcome indicators showed higher exception reporting than national averages. (Exception reporting allows practices to exclude patients who are clinically unsuitable). We found:

- The practice were able to demonstrate they followed national guidance for best practice.
- Exception coding was in line with national guidance and medical history.
- The practice undertook further activities to encourage patients to attend for reviews such as telephone calls from the practice nurse for asthmatic patients who did not attend annual reviews.
- The nurse practitioner undertook additional roles in the management of long-term conditions to encourage improved monitoring.

Families, children and young people

Population group rating: **Good**

Findings

- The practice met the minimum 90% threshold for childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	39	40	97.5%	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)	33	36	91.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	33	36	91.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	33	36	91.7%	Met 90% minimum

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

Any additional evidence or comments

- The practice worked with a multi-disciplinary team when concerns were raised about the welfare of children. This included non-attendance at immunisation clinics.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.9%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	78.3%	73.9%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.6%	61.1%	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)	68.2%	45.1%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	73.0%	54.8%	51.9%	No statistical variation

Any additional evidence or comments

During inspection we reviewed cervical smear screening data as the practice was below Public Health England (PHE) recommendations:

- On inspection, current screening data for 2019/20 held by the practice for the specified screening periods showed unverified data of 82% (3.5 years) and 85% (5.5years)
- We reviewed current PHE quarterly data for June 2019 which showed the practice was ranked 36 out of the 82 GP practices within Somerset Clinical Commissioning Group.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.3%	51.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	11.8% (2)	9.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	55.4%	90.2%	Variation (positive)
Exception rate (number of exceptions).	11.8% (2)	8.5%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.4%	61.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	2.3% (1)	6.4%	6.7%	N/A

Monitoring care and treatment

The practice had a 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)	549.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	98.3%	No Data	96.4%
Overall QOF exception reporting (all domains)	7.3%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<p>The practice took part in quality improvement activities as part of their Primary Care Network. This included work on reviewing a medicine for epilepsy (sodium valproate) sometimes prescribed for pregnant women (due to risks associated with the unborn baby); end of life care and the use of a lithium, a medicine used to treat patients with Bipolar disorder.</p> <p>The practice undertook regular audits such as DSQS, an audit to ensure compliance with the national criteria for being a practice that dispensed medicines. This included medicine reviews for a percentage of patients receiving medicines from them.</p> <p>We reviewed audits the practice had undertaken including audits on:</p> <ul style="list-style-type: none"> • COPD and triple therapy (chronic obstructive pulmonary disease); • Prescribing and oral nutritional supplement (SIP) usage; • Antimicrobial usage in urine infections which demonstrated the practice was 75% compliant with prescribing antibiotics in line with national guidance. As an action the practice ensured staff were aware of and working within the latest prescribing formulary and a fever audit tool was implemented. 	

Any additional evidence or comments

The practice provided a minor operation service. We reviewed the process and checked patient records. We found consent was clearly documented along with after care advice. However, the lot (ID) numbers and expiry dates of the local anaesthetic given were not recorded (with the exception of those used for joint injections).

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<ul style="list-style-type: none"> The practice reviewed workforce against patient needs. For example, a practice nurse with specialist diabetic skills had been employed who was being supported to undertake a non-medical prescribing course. The practice was a training practice for GP registrar and medical students. They employed apprentices and supported them through their learning. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<ul style="list-style-type: none"> The practice provided a weight management group for patients with diabetes which had resulted in a total weight loss of 76kg for 10 patients. The practice linked up with the local church and directed patients to their services such as a lunch club and exercise classes. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.1%	89.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (16)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Following our previous inspection in 2016, the practice had undergone some significant changes due to senior and experienced staff leaving such as GP partners, a practice manager and dispensary lead. We saw clear priorities were in place to ensure sustainable and effective leadership. The practice had reviewed practice needs by recruiting two of the GP registrars as GP partners. They understood the challenges within the practice and had supported a practice nurse to gain further qualifications in non-medical prescribing.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The practice values: <ul style="list-style-type: none">• To ensure that expert, compassionate healthcare is available to all our patients.• To involve our patients in the management of their own health.• To enable our patients to achieve the best quality of life for as long as possible.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<ul style="list-style-type: none"> The practice's freedom to speak up policy contained relevant information regarding the local freedom to speak up guardian however the policy required updating with the most recent NHS England contact details. We reviewed the practice complaint system and found they listened and responded appropriately to patient complaints and concerns. 	

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

Source	Feedback
Staff	<p>Staff told us the practice manager and GPs had an open-door policy and were always accessible.</p> <p>They told us the practice manager empowered staff and the practice was flexible with regards to maintaining a positive work life balance.</p> <p>Locum staff we spoke to told us the practice was organised and the standard of patient care was very good. They said they were listened to and suggestions were implemented. For example, following a locum GP suggestion for blocked appointments at the end of the day to ensure patients with urgent needs had access to a GP, this was implemented quickly.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<ul style="list-style-type: none"> The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. This included a policy directory and annual review process. There were adequate systems to assess, monitor and manage risks to patient safety. However we found the most recent dispensary standard operating procedures had not been signed. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<ul style="list-style-type: none"> During inspection, we reviewed the practice dispensary and medicines management systems. We found the practice had systems for the appropriate and safe use of medicines, including medicines optimisation. The practice monitored and reviewed safety using information from a variety of sources. For example, there was a system for recording and acting on safety alerts. Staff understood how to deal with alerts. There were adequate systems and processes to assess, monitor and manage risks to patient safety. However, the practice was in the process of reviewing and updating their health and safety risk assessments to ensure they were following correct legislation. This meant up to date risk assessments for the storage of oxygen, management of legionella and overarching branch 	

location risk assessments were not up to date.

- We reviewed the practice complaint and significant event / incident systems and found the practice learned and made improvements when things went wrong.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<ul style="list-style-type: none">• Staff had the information they needed to deliver safe care and treatment. We reviewed individual care records and referral letters which contained specific information, were written and managed securely and in line with current guidance and relevant legislation.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>The practice undertook its own patient survey. We saw as a result of the most recent survey the practice took action to ensure information on social prescribing and community events was widely available. They introduced a community notice board and put information on their website.</p> <p>The national GP patient survey (2019) received feedback from 2% of the practice population. Results were slightly above national averages (no statistical variation) with the exception of one question which showed a positive variation:</p> <ul style="list-style-type: none"> 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 was 91.9% (national average 68.3%). <p>We saw the practice had a focus of supporting patients and those close to them:</p> <ul style="list-style-type: none"> The practice had a carers champion and they had identified 5% of the practice population as carers. They identified access to the service from a local village was difficult due to a lack of public transport. To make the service more accessible they provided branch surgery sessions within a community building. 	
Patient Feedback	
<p>Patients told us:</p> <ul style="list-style-type: none"> All staff were courteous, helpful, caring and supportive. Patients were always given time to explain their problems and felt listened to. Access to appointments was excellent. 	
CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	11

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<ul style="list-style-type: none">• The practice had introduced a process to improve workflow optimisation to reduce administrative burden on GPs by training administrative staff to manage work which required no clinical input.• The practice was involved in projects such as the rapid response care at home service which worked to reduce unnecessary hospital admissions.	

Examples of continuous learning and improvement

- Following a fatality at the practice the whole team had reviewed the incident and their emergency procedures. The emergency equipment and processes were refined which led to two successful treatments for emergency medical situations. We saw the practice had reviewed their response to a further medical emergency.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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