

Care Quality Commission

Inspection Evidence Table

Huntingdon Road Surgery (1-572243015)

Inspection date: 4 December 2019

Date of data download: 26 November 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing safe services because:

- We saw that portable appliance testing (PAT) was not carried out by a qualified person to ensure electrical equipment was safe to use. The provider told us that visual checks were completed by practice staff. However, no documentation was provided to demonstrate staff had the competency for this role. Following the inspection, the practice informed us PAT had been booked for January 2020.
- We found that fire and health and safety risk assessments were generic and lacking in detail specific to the practice premises. This did not provide assurance that all potential risks had been identified by the provider.
- The practice provided examples of infection prevention and control audits. However, these audits did not cover the entire practice premises and the most recent audits in several areas were last undertaken in 2016.
- The practice did not provide evidence clinical staff had complete oversight of relevant blood test results prior to prescribing warfarin. Following the inspection, the practice told us a new system had been implemented to ensure warfarin was only prescribed following receipt of a relevant blood test result.
- We found that the system for monitoring prescription stationery was not effective at the branch site.

Safety systems and processes

The practice generally had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y ¹
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: 1 – We found the practice had established clear safeguarding processes and procedures; all of the staff we spoke with during the inspection were clear about their roles and responsibilities to safeguard patients and escalation routes internally and externally. A recent safeguarding audit undertaken by the Clinical Commissioning Group evidenced the practice was compliant with all 21 areas which were reviewed.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y ¹
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: 1 – The practice's matrix of staff vaccination records showed that the practice did not hold immunisation records for all of the nursing staff. However, when we reviewed staff records we found the practice did hold the appropriate immunisation records and the matrix had not been updated to reflect this. Following the inspection, the practice informed us they had reviewed all of the immunisation records and updated their matrix.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: See ¹ below	N ¹
There was a record of equipment calibration.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: August 2019	Y
There was a log of fire drills. Date of last drill: July 2019	Y ³
There was a record of fire alarm checks. Date of last check: Fire alarms were checked on a weekly basis, the practice held a record of these weekly checks.	Y
There was a record of fire training for staff. Date of last training: Ongoing training as per individual staff requirements.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: January 2019	P ²
Actions from fire risk assessment were identified and completed.	N ²
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice informed us that portable appliance testing (PAT) was not carried out in the premises. The practice business manager informed us that visual checks were completed by the practice team on an ad hoc basis. The practice business manager provided documentary evidence to us during the inspection that quotes had been obtained for an external provider to carry out PAT, although this work did not have a date of completion. Following the inspection, the practice informed us PAT had been booked for January 2020.</p> <p>2 – We reviewed the practice’s fire risk assessment and found it was a generic fire safety assessment, identifying potential hazards such as smoking and the storage of stationery, rather than specific to the practice premises.</p> <p>3 – We found the practice’s record of fire drills was detailed; including the learning arising from the fire drills. We saw that actions were implemented and further training and guidance was provided where necessary.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2016	P ¹
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2016	P ¹
<p>Explanation of any answers and additional evidence:</p> <p>1 – We reviewed the practice’s health and safety risk assessment, and found it was a generic safety assessment, rather than specific to the practice and premises. For example, the practice’s risk assessment identifies how to mitigate the risk of; slips, trips and falls, manual handling and working at height but does not review the individual rooms and areas within the premises to identify potential risks. We found the health and safety risk assessment did not identify any actions requiring attention.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	N ¹
The practice had acted on any issues identified in infection prevention and control audits.	N ¹
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – We reviewed the practice’s infection prevention and control audits, which included some practice areas such as reception, completed in 2016. The practice told us audits of the entire building were completed regularly; following the inspection, the practice provided us with three walkaround logs (June, August and November 2019) which contained limited detail in relation to infection, prevention and control.</p>	

Risks to patients

There were generally systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	P ¹
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – Reception staff that we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient. However, we found the secondary waiting area on the second floor was not monitored by any staff and the practice did not provide evidence how they would monitor patients to ensure their safety and well-being. The practice told us that CCTV was due to be installed in the secondary waiting area, but this had not been completed at the time of the inspection. Following the inspection, the practice provided us with a risk assessment of the secondary waiting area which would remain in place until the CCTV had been installed.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.59	0.92	0.87	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	8.5%	10.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.78	5.76	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.04	2.12	2.08	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	P ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
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.	P ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – We reviewed the practice's system for monitoring blank prescription stationery and found systems were in place for monitoring stationery at the main site. However, the practice did not provide evidence of how prescription stationery was monitored once it had been received at the Girton branch site.</p> <p>2 – We found the practice's system for monitoring patients on high-risk medicines such as methotrexate and lithium were effective. Patients prescribed warfarin at the practice had their blood test taken by an external provider, in line with a Clinical Commissioning Group contract, and the practice could evidence the blood tests had been completed. However, the practice did not provide evidence that clinicians had sight of the blood test result prior to prescribing warfarin. Following the inspection, the practice told us a new system had been implemented to ensure warfarin was only prescribed on the receipt of a blood test. Following the inspection, the practice informed us they had changed their prescribing protocols and now had listed warfarin as a doctor only medication. This ensured a further safety check of the INR information was made prior to issuing warfarin.</p>	

Medicines management	Y/N/Partial
Dispensary services (where the practice provided a dispensary service)	
There was a GP responsible for providing effective leadership for the dispensary.	Y
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.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
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.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
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.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	12
Number of events that required action:	12

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Data was input onto the incorrect patient record.	The practice contacted both patients to advise of the error and apologised. A reminder was communicated to all staff and a new process was distributed to relevant staff.
A repeat prescription for a steroid eye drop was identified despite evidence of potential harm for long-term use.	An audit was completed to identify any other patients potentially affected and all patients identified were contacted and recalled for a review. Communication was issued to all staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Effective

Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing effective services because the population groups of people with long-term conditions and working age people were rated as requires improvement. These population groups were rated as requires improvement because:

- We found the practice had a higher Quality Outcomes Framework exception reporting rate for all long-term condition indicators; some of which were significantly higher than the Clinical Commissioning Group (CCG) and England averages. The practice were aware of this data; however, there were no plans to reduce the number of exceptions made.
- The practice's cervical screening uptake was significantly lower than the 80% Public Health England target rate at 54.4%.

In addition to these findings, we found:

- Not all staff had received an appraisal in the last 12 months. We found that three members of staff had not received an appraisal since June 2018 and ten appraisals scheduled for October 2019 had not taken place at the time of inspection. Following the inspection, the practice provided evidence that all staff appraisals had been completed.

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.	P ¹
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: 1 – The practice's recall system was not always effective. We found Quality Outcomes Framework data showed that not all patients received a review of their conditions, demonstrated through higher than average exception reporting rates.	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.55	0.80	0.74	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.
- A community geriatrician provided a clinic at the practice on a bi-monthly basis.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice regularly completed an audit of patients over the age of 80 to ensure they were seen by the practice. If the patient had not been seen recently, contact was made with the patient to follow up.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- A diabetes dietician regularly visited the practice and provided clinics for newly diagnosed patients or patients requiring an appointment.
- 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.

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>	84.5%	79.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.4% (66)	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>	79.2%	72.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	20.8% (102)	11.5%	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>	82.5%	80.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	18.5% (91)	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>	85.1%	75.1%	75.9%	Variation (positive)
Exception rate (number of exceptions).	32.7% (244)	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>	95.6%	88.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	42.9% (51)	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) <small>(QOF)</small>	86.6%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.8% (178)	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) <small>(QOF)</small>	94.8%	92.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	10.5% (25)	6.7%	5.9%	N/A

Any additional evidence or comments

- The practice had a higher Quality Outcomes Framework exception reporting rate for all long-term condition indicators; some of which were significantly higher than the CCG and England averages. The practice told us three invitations were sent to patients and if they did not attend, they were excepted. The practice were aware of this data; however, there were no additional plans to try to actively reduce the number of exceptions made.

Families, children and young people

Population group rating: **Good**

Findings

- The practice met the minimum 90% target for all four of the childhood immunisation uptake indicators. However, the practice did not meet the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the 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)	119	129	92.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	113	121	93.4%	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)	113	121	93.4%	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)	113	121	93.4%	Met 90% minimum

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice's cervical screening uptake was lower than the 80% Public Health England target rate. The practice were aware of this data and believed that some patients may have been involved in screening processes within their country of birth. In response to this uptake rate, the practice had implemented some systems to improve, such as; printing the final invitation on pink paper, meeting with nurses and tutors at a local college to highlight the importance of attending screening and displaying a large pink banner at the front of the practice.
- The practice had a higher than average proportion of students in the population and adjusted services to meet their needs, such as ringfencing appointments around examination timetables to ensure appropriate mental health support is available to patients.
- 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. In the previous 12 months, 424 health checks had been completed by the practice.
- 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)	54.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.1%	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)	56.7%	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)	67.9%	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)	62.5%	60.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice had identified 27 patients diagnosed with a learning disability, of those 27 patients, 22 (81%) had received a health check within the last 12 months.
- 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.
- 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>	91.9%	88.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	7.5% (8)	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) <small>(QOF)</small>	91.0%	87.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.5% (7)	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) <small>(QOF)</small>	82.9%	83.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	13.6% (12)	7.9%	6.7%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	No Data	539.2
Overall QOF score (as a percentage of maximum)	100%	No Data	96.4%
Overall QOF exception reporting (all domains)	17.1%	No Data	No Data

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

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

<p>The practice implemented a number of clinical and non-clinical audits to review the quality of care provided to patients. We reviewed the practice's end of life care audit which looked at the following areas:</p> <p>The number of patients on the end of life care register:</p> <ul style="list-style-type: none"> • Before death • With a resuscitation status documented • With care plans in place with the main carer identified • With anticipatory medicines in place <p>The practice identified that the number of patients on the end of life care register was low and therefore the practice implemented a number of measures to try and improve:</p> <ul style="list-style-type: none"> • Consider nursing and residential home patients for the register • Consider patients in the latter stages of long-term conditions such as COPD and heart failure. • Adding patients diagnosed with aggressive cancers. • Patients over the age of 95 <p>In order to improve the number of patients identified, it was added as a standing agenda item at monthly MDT meetings.</p>

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	P ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – We reviewed the practice’s appraisal system and found that not all staff had received an appraisal in the last 12 months. We found that three members of staff had not received an appraisal since June 2018 and 10 members of staff were due an appraisal in October 2019, although at the time of the inspection these had not taken place. The practice told us that this was due to management absence and all staff were offered an alternative manager to conduct the appraisal. The practice told us the appraisals would be completed following the inspection. Following the inspection, the practice provided evidence that all staff appraisals had been completed.</p>	

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 services.	Y
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 ¹
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had registered as a Park Run practice (a national weekly 5km running event) to promote exercise for staff and patients. We saw a number of photographs of practice managers and staff participating in and promoting Park Run.</p>	

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>	94.4%	95.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (17)	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.	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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	44
Number of CQC comments received which were positive about the service.	39
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	We received 44 comment cards on the day of the inspection, 39 of these cards were wholly positive about the service and included specific examples of how patients felt members of staff treated them well. Five of the cards contained negative comments, mainly relating to mistakes made with appointments, rather than the caring attitude of staff.
NHS Choices	The practice had received 13 reviews on NHS Choices in the previous 12 months. Of these 13 reviews, a majority contained positive feedback and examples of how they felt the practice provided a positive service. Two of the reviews contained negative feedback in relation to the attitude of some staff.
Patient consultations	Patients we spoke with on the day of the inspection were positive about the caring attitude displayed by staff. Patients we spoke with provided specific examples of how they felt well supported by the practice and how members of staff had provided a positive service to them.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18480.0	355.0	107.0	30.1%	0.58%

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)	93.1%	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)	91.2%	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)	100.0%	95.8%	95.5%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	91.1%	84.4%	82.9%	No statistical variation

Any additional evidence or comments

The practice were aware of, and proud of, the positive National GP Survey results for caring indicators. Members of staff we spoke with believed this was achieved due to a whole staff team approach and positive working environment.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Comment cards	We received 44 comment cards on the day of the inspection, 39 of these cards were wholly positive about the service and included specific examples of how patients felt involved in decisions about care and treatment. Five of the cards contained negative comments, mainly relating to mistakes made with appointments, rather than decisions about care and treatment.
NHS Choices	The practice had received 13 reviews on NHS Choices in the previous 12 months. Of these 13 reviews, a majority contained positive feedback and examples of how they felt the practice provided a positive service. Two of the reviews contained negative feedback in relation to the attitude of some staff.
Patient consultations	Patients we spoke with on the day of the inspection were positive about feeling involved in care and treatment decisions. Patients we spoke with provided specific examples of how they felt well supported by the practice and how members of staff had provided a positive service to them.

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)	96.4%	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.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had identified and supported 176 carers; approximately 1% of the practice population.
How the practice supported carers (including young carers).	The practice told us they supported carers by providing health checks, flu vaccinations and signposting to relevant services and support groups. The practice told us all carers had been seen by the practice within the last 12 months.
How the practice supported recently bereaved patients.	The practice told us that due to individual patient lists, the named GP would contact the recently bereaved patient to pass on the practice's condolences and offer any support as required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times: Main site (Huntingdon Road)	
Monday	8.15am to 6pm
Tuesday	8.15am to 6pm
Wednesday	8.15am to 6pm
Thursday	7.15am to 6pm
Friday	7.15am to 6pm
Opening times: Branch site (Girton)	
Monday	8.30am to 12.30pm and 3pm to 6pm
Tuesday	8.30am to 12.30pm
Wednesday	8.30am to 12.30pm
Thursday	8.30am to 12.30pm
Friday	8.30am to 12.30pm
Opening times: Dispensary (Girton branch site)	
Monday	8.45am to 1pm and 3pm to 6pm
Tuesday	8.45am to 1pm
Wednesday	8.45am to 1pm
Thursday	8.45am to 1pm
Friday	8.45am to 1pm
The practice also offered extended hours appointments on evenings and weekends through a Federation of local practices.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18480.0	355.0	107.0	30.1%	0.58%

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)	98.5%	94.0%	94.5%	Tending towards variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services. There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community care coordinator and physiotherapy service to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Additional appointments were available for school age children so that they did not need to miss school. We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice population contained a high proportion of students (approximately 30%), and therefore the practice had a high turnover of patients during the start of each academic year. In order to address this, a practice team visited all of the colleges and universities to support patients through the registration process and provide health guidance and information.
- 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 from 7.15am on a Tuesday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice clinical team held a training event on suicide awareness.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Representatives from the Alzheimer's Society attended the practice regularly to provide advice and support for patients and staff.
- The practice was a recognised Dementia Friendly practice with some staff undergoing Dementia Friends training.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

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)	86.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	84.5%	72.7%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	82.2%	67.0%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	82.7%	78.3%	73.6%	No statistical variation

Any additional evidence or comments

The practice were aware of, and proud of, the positive National GP Survey results for accessibility indicators. Members of staff we spoke with believed this was achieved due to a proactive approach in registering students, ring-fencing appointments for various population groups such as students, families and working people. In addition to team work and a positive working environment allowing for a quick response to patient requests.

Source	Feedback
Comment cards	We received 44 comment cards on the day of the inspection, 39 of these cards were wholly positive about the service. Five of the cards contained negative comments, mainly relating to mistakes made with appointments rather than the access and availability of appointments.
NHS Choices	The practice had received 13 reviews on NHS Choices in the previous 12 months. Of these 13 reviews, a majority contained positive feedback and examples of how they felt the practice provided a positive service.
Patient consultations	Patients we spoke with on the day of the inspection were generally positive about accessing service. Patients told us that on some occasions they found it difficult to access routine appointments, but generally they were satisfied.

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.	11
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y ¹
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: 1 – We reviewed three complaints and found that they had been satisfactorily handled in a timely way. However, we observed that the final response to the complainant did not contain information on escalation routes if the complainant remained dissatisfied with the response. Following the inspection, the practice told us they would add information on escalation methods to the final response template.	

Examples of learning from complaints.

Complaint	Specific action taken
A patient was unhappy with the accessibility of the practice.	The complaint was discussed at a management meeting and a response including an apology was sent to the patient. A number of changes were implemented or proposed, such as: a screen in reception was removed to improve access for wheelchairs and the door maintenance company was contacted to review the timings of the automatic doors.
A patient complained due to being confused over dosage instructions for the medicines they had received.	A telephone call was made to the patient to apologise for the confusion; full instructions were provided by a clinician to the patient.

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 ¹
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y ²
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: 1 – The practice population contained a high proportion of students (approximately 30%), and therefore the practice had a high turnover of patients during the start of each academic year. In order to address this, a practice team visited all of the colleges and universities to support patients through the registration process and provide health guidance and information. 2 – Members of staff we spoke with told us that leaders were visible, approachable and the practice operated an open door policy. Members of staff told us they were not hesitant in approaching any of the management team when required.	

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 ¹
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 ¹
Explanation of any answers and additional evidence: 1 – The practice leadership team created an annual business plan document, which reviewed the vision, values, services offered and actions required to address challenges facing the practice. The leadership team also met on a regular basis to discuss the business plan and ensure that the practice was on course to achieve its objectives.	

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 ¹
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: 1 – Whilst members of staff told us they felt supported by the practice leadership team; the practice did not effectively identify and mitigate fire or health and safety risks within the practice.	

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

Source	Feedback
Staff consultations	Members of staff we spoke with were positive about working at the practice and the support received from the leadership team. Members of staff told us there was a positive morale amongst the staff team and support was offered and provided where necessary.

Governance arrangements

There were 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 ¹
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: 1 – The practice leadership team had created a 'green card' document, which was posted throughout the practice. This document clearly detailed the roles and responsibilities of each member of the leadership team and staff members told us this was a useful document in identifying who to approach for each issue that arises.	

Managing risks, issues and performance

There were 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.	P ¹
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: 1 – We found the practice's system for identifying and mitigating risks such as: health and safety, infection prevention and control and fire safety were not effective.	

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

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

Feedback from Patient Participation Group.

Feedback

We spoke with two members of the Patient Participation Group (PPG) who were enthusiastic and positive about the working relationship with the practice. The PPG provided minutes of meetings held between the PPG and the practice, where various issues were discussed and plans to make improvements to services.

The PPG had recently created a social media account and created videos including a video providing guidance and support for patients wishing to register and use online services.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y ¹
Learning was shared effectively and used to make improvements.	Y ²
Explanation of any answers and additional evidence: 1 – The practice had been involved in a number of pilot schemes, such as; ‘Time4Care’ an NHS England project which led to the practice making changes to the flow of documents in the practice to reduce the burden on clinicians and improve the amount of time available for patients. 2 – The practice implemented an ‘innovation noticeboard’ which allowed staff to identify an issue and other members of staff and managers could make comments on the issue with potential solutions. This noticeboard led to the pink cervical screening banner promoted outside of the practice.	

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.