

Care Quality Commission

Inspection Evidence Table

Tong Medical Practice (1-587967049)

Inspection date: 05 December 2019.

Date of data download: 29 November 2019

Overall rating: Outstanding

We carried out an inspection of this service due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Effective
- Well Led

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Safe : Good
- Responsive: Outstanding
- Caring: Outstanding

Effective

Rating: Good

The practice was previously rated as outstanding for providing effective care. At this inspection we rated the practice as good for providing effective care. The practice were following best practice regarding the uptake of childhood immunisations and cervical cancer screening and were working towards meeting national minimum targets.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had completed care navigation training and additional training in the recognition of sepsis. A 'red flag' protocol was in place which further assisted staff to recognise signs of ill health. Patients who attended for an 'urgent sit and wait' appointment who appeared physically unwell were directed promptly to the on call GP.</p> <p>GPs and advanced nursing and clinical practitioners (ACPs) were supported in their decision making by clinical protocols and an advanced computer programme called 'GP assist' which gave clinicians access to best practice guidelines and support.</p>	

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>	0.59	0.53	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. These had recently been adjusted to be undertaken around the time of the patients' birthday and this had proven popular with patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. The practice nurse completed advanced care plans with patients to ensure that their care reflected their wishes in later life. Up to one hour was allocated for these appointments, which could be offered in the patient's own home if required.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The nursing team would offer these to patients in their own home if necessary.
- Medication reviews were offered in the patient's own home. The practice pharmacist also answered medication queries from staff who worked in a local nursing home which was supported by the practice.
- The practice patient liaison lead was co-ordinating work regarding combatting social isolation in older people. There was a regular coffee morning aimed at engaging lonely older men and bereavement counselling was offered.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check that 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.
- For those patients who were identified as having high blood glucose levels which may indicate pre-diabetes, a referral was made to a structured education programme.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Monthly reports were available to staff to enable them to review uptake and target hard to reach groups.
- GPs followed up patients, who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. A clear process was in place to ensure these patients were not missed. Patients with asthma were offered an asthma management plan.
- 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. A self-assessment machine was also available for patients in the waiting area for them to review their own blood pressure and weight.

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>	85.2%	81.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	20.3% (110)	13.4%	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>	87.2%	80.7%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	8.9% (48)	10.6%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.7%	82.0%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	23.2% (126)	16.4%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.7%	75.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.3% (8)	7.1%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.3%	90.9%	89.6%	No statistical variation
Exception rate (number of exceptions).	6.8% (18)	11.6%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension	86.7%	84.5%	83.0%	No statistical

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>				variation
Exception rate (number of exceptions).	3.4% (39)	4.9%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.6%	91.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	8.1%	5.9%	N/A

Any additional evidence or comments

The practice were aware that exception reporting for some diabetic indicators were above CCG and national averages. Patient reviews for diabetes had been changed to around the time of the persons birthday which had proved popular. Patients were written to three times to ask them to attend for their review, and phone calls and text messages could also be sent. If the person continued to decline to attend their review, the lead GP would review their care before they were exception reported. The practice was able to offer dedicated diabetic clinics with external specialists as necessary.

Families, children and young people

Population group rating: Good

Findings

- The practice continued to work towards meeting the 90% minimum target for childhood immunisations. The practice allocated dedicated staff time and used research based evidence to ring, text and send letters to parents and carers to encourage them to bring their child for screening.
- The practice were aware of additional risk factors which affected their child population and the parental response to healthcare. This included above average rates of child poverty and a transient population with hard to reach groups. Socially and economically disadvantaged groups are less likely to vaccinate their children. A community event was held involving stalls and free fruit, where the local Imam discussed and encouraged the uptake of childhood immunisations and staff offered immunisation and support to parents.
- 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. These would also be reviewed with the health visitor at regular meetings.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were regularly reviewed and provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access enhanced services for sexual health and contraception. This was offered in the practice, to minimise the stigma felt by young people who were reluctant to access community and city centre based sexual health services. Staff told us this was demonstrated by the popularity of the in-house service.
- Staff had the appropriate knowledge, 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)	108	122	88.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	115	131	87.8%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	118	131	90.1%	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)	115	131	87.8%	Below 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 were aware that vaccination uptake is often associated with deprivation and used dedicated staff time each week to contact, discuss and offer support to hard to reach parents to encourage them to bring their child for vaccinations. Vaccinations were offered at a time to suit the family and appointments could be made outside of school hours. Comparable data for 2017/2018 from NHS digital showed that uptake for three out of four of the childhood immunisations had increased in 2018/2019.

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 Health 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. Appointments were available at the practice from 7.30am each weekday. Extended access appointments were available through a local federation of GPs between 6.30pm and 9.30pm Monday to Friday and Saturday and Sunday 10am until 1pm at hub sites across the city.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	68.9%	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)	62.3%	68.2%	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)	44.4%	54.0%	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)	68.3%	75.3%	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)	62.1%	59.3%	51.9%	No statistical variation

Any additional evidence or comments

During 2018/2019 the practice had contacted over 600 patients who had not responded to bowel cancer screening requests to encourage them to undertake screening.

We saw that cervical screening data had improved from the previous year.

Data available to the CQC showed that from December 2018 to June 2019, uptake for screening at the practice increased by 2.6%, against a declining trend nationally.

Public Health England data published following the inspection showed that uptake for cervical screening had increased further to 69.5%.

The practice dedicated staff time to contacting patients who had failed to attend for screening. They were sent additional letters and were contacted by the practice and encouraged to attend. Events were also held at the practice and within the local community to highlight the importance of screening.

Findings

- Same day appointments and longer appointments were offered when required. GPs would also respond as necessary to the needs of patients. The practice offered additional 'urgent sit and wait appointments' each day for patients whom following clinical assessment, were deemed to require an appointment the same day.
- All patients with a learning disability were offered an annual health check. The practice had achieved 83% of these checks in the last year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Bereavement counselling was available to patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule and ensured that uptake was regularly reviewed.
- An audit of accident and emergency (A&E) attendances over a three month period identified a number of patients who were invited to attend the surgery for issues such as low mood or falls. The reception team were able to utilise urgent appointments to enable identified patients to be seen and referrals were made to the recovery college and other wellbeing services.
- We were told of a patient who had attended A&E over 100 times. A plan was implemented which included daily telephone calls, regular support and dedicated appointments at the practice. At the time of our inspection the patient was not contacting 111 or attending A&E but was accessing regular reviews with a clinician.
- As part of a pilot project, female patients over 16 were being routinely asked if they suffered from domestic violence. Seven patients had been identified through this approach and the appropriate support offered. The practice had plans to continue with this approach once the pilot finished.
- We saw a consistent and proactive approach to supporting people to live healthier lives and prevent ill health. Clinicians and non-clinical staff used every contact from patients to promote services and the support available.
- The practice demonstrated an understanding of the challenges faced by their patient population. They had converted a room in the practice for the use of a 'recovery college'. This service was supported by the practice and offered a non-medical approach to patient wellbeing. 120 patients were referred to the 'college' during the pilot programme and had completed programmes of support. This included popular modules on crime and money management from which patients would then graduate. We saw the room was accessible, comfortable and a 'safe space' for vulnerable patients. Patients could also be referred for additional support. Patient comments included 'it has been my lifeline'. The service evaluated well and was very positively received. For example, of the 27% of patients who said prior to attending the recovery college they were severely anxious or depressed, this had reduced to 9% after completing the course. Additionally; before the course, 19% of patients said they had severe problems with completing activities of daily living, following completion of a course this fell to 12%.

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

Population group rating: Good

Findings

- The practice had undertaken a recent audit of patients who had received a prescription for antidepressants but did not have a mental health diagnosis. This resulted in a number of patients being coded correctly which would enable them to be recalled for timely reviews. An education session for clinicians regarding diagnosis and management was planned.
- One of the GPs at the practice had additional qualifications to enable them to support patients with mental health issues. We found that practice nurses had also completed additional training to review the physical health of patients with severe mental illness. Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice was part of a primary care wellbeing service and liaised closely with psychology colleagues to offer support to complex patients with physical and mental health issues who were frequent users of services. Identified patients received additional support and it was hoped this would reduce pressure on other services.
- 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. Same day and longer appointments were offered when required.
- 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.

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>	93.0%	92.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	2.7% (2)	11.6%	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>	90.0%	93.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.1% (3)	10.2%	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>	88.0%	86.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	3.8% (2)	7.2%	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)	558.1	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.8%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.3%	No Data	No Data

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

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

Any additional evidence or comments
The practice had undertaken a number of audits both in-house and in conjunction with the CCG. These included audits of high risk mediations, anti-biotics, two-week wait and dermatology referrals. Following the dermatology audit, there was a plan for clinicians to undergo additional training. Following an audit of high risk medicines, it was found that all patients had appropriate recalls in place and the medication of two patients was stopped after they failed to attend for review despite repeated invites.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes

Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of a number of work flow documents and protocols to guide staff to the most appropriate course of action.</p> <p>Feedback from a locum GP regarding induction and support whilst working at the practice was positive.</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) <small>(QOF)</small>	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

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	Yes

risk of developing a long-term condition and carers.	
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice were key players and supporters of the 'recovery college' situated at the surgery. The college supported patients who enrolled as students with social, physical and mental health issues.	

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>	98.0%	95.6%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.6% (11)	0.7%	0.8%	N/A

Any additional evidence or comments

The practice had offered all smokers at the practice pulmonary function tests and reported a very good uptake.

Consent to care and treatment

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

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

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff told us they always felt supported and had someone they could approach for help. One staff member told us of occasions where the practice had gone over and above to support their work/life balance. Daily discussions were held between the practice business manager and the registered manager to 'take stock' and decide on the practice priorities moving forward.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice mission statement was to 'improve the health and wellbeing of local people'. We saw evidence of this with the practice's investment in and support of, the recovery college, which enabled patients to sign up to courses, access mental health services closer to home and source support from agencies such as a credit union.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice learned and made improvements when things went wrong. The practice monitored and reviewed safety using information from a variety of sources.</p> <p>Staff knew how to identify and report concerns, safety incidents and near misses.</p> <p>There was a system for recording and acting on significant events. Staff understood how to raise concerns and report incidents both internally and externally and we saw evidence of learning and the dissemination of information.</p> <p>Regular meetings were held between the staff teams which included several standing agenda items such as safeguarding, complaints and significant events to ensure these were considered at every opportunity.</p> <p>The practice also met regularly with members of the multi-disciplinary team such as community matrons, palliative care and district nurses. For staff who had been unable to attend the meeting, any changes were highlighted via a task so that non-attendees were kept up to date.</p>	

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

Source	Feedback
Staff feedback	Staff told us that leaders were visible, approachable and supportive. They also told us they could approach each other for support.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Staff had additional roles and responsibilities and were encouraged at appraisals to review their skills and enhance these if they wished. We saw that support was in place to enable staff to progress.	

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Health and safety checks were undertaken and updated as required. The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. There was a system for recording and acting on safety alerts, action was taken when alerts were received and a log of alerts was kept. Regular reviews were undertaken to ensure that all alerts had been actioned, discussed and disseminated to the team. There was a weekly clinicians meeting where case studies would be discussed, peer reviews would take place and external speakers were invited to attend and give talks on specific subjects relevant to the patient population.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: Comprehensive performance reports were provided for staff each month. This enabled the staff team to discuss progress and review any performance indicators which were below expectations; and target resources to improve outcomes for patients. The reports were reviewed and communicated to the entire staff team via the monthly meeting	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: A quarterly information governance check was undertaken to ensure appropriate access to the clinical systems was maintained and that staff access remained up to date and appropriate.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had recently introduced a weekly review of residents at a local nursing home after a review of support for local homes. The general manager of the home welcomed the changes as it was	

felt this would enhance communication and close working relationships between both providers. We spoke with one patient on the day of inspection who was very positive about the care at the practice. On the day of inspection we received 35 CQC patient comment cards. 83% of Feedback from patients was overwhelmingly positive and patients said staff were helpful and friendly. 11% of feedback was mixed, this was mainly due to patients stating they had difficulty getting an appointment.

Feedback from Patient Participation Group.

Feedback

Feedback from a leading member of the Patient Participation Group (PPG) was very positive. The PPG met every two months and half the members were also trained as health champions. A number of initiatives undertaken by the PPG were aimed at increasing the person's own health awareness, engaging patients, increasing their confidence and reducing social isolation. They had worked with a third party to hold a Christmas party and a local school choir had sang at the event. Members of the team attended the meetings and we were told changes were made as a result of feedback from the PPG and the practice listened to concerns and suggestions.

Any additional evidence

In response to feedback from patients the practice painted the walls and changed the flooring in the waiting room. They also purchased new notice boards, reduced the height of the information screen and bought book shelves to keep the area neat and tidy. They also installed new blinds to some large windows.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice had undertaken an exercise to hold a review of all incidents (critical and non-critical) and complaints, with staff at the practice meeting. We saw that learning was shared and staff understood their responsibility to report incidents and complaints.	

Examples of continuous learning and improvement

The practice had a training plan in place which was reviewed with staff during a joint development review each year. The practice also had clear planned priorities moving forward which included developing the workforce and the IT systems which were in place. The provider was continuing with a number of pilot projects and was looking to improve access for patients through online and digital services. The practice was committed to close working relationships with the community, the federation and newly developing primary care networks.

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.