Care Quality Commission

Inspection Evidence Table

Cricketfield Surgery (1-559943619)

Inspection date: 28 January 2020

Date of data download: 08 January 2020

Overall rating: Good

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

Effective Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.62	0.89	0.74	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHSBSA)				

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 medicine reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. For example, the nursing team had been involved in creating a practice-based model of social prescribing where the health care assistant (HCA) undertook the sessions at the practice. Social prescribing involves helping patients improve their health through weight management, exercise engagement and social isolation by connecting them to community services.
- 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.
- Home visits including regular attendance at care homes were undertaken for those who found attendance at the practice difficult.
- The practice held a monthly multidisciplinary team meeting with community matrons, health coaches and the intermediate care team. This enabled care to be reviewed in a coordinated way and to minimise avoidable hospital admissions.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- A new hypertension (high blood pressure) clinic was in place led by Health Care Assistants (HCAs) and monitored by the nurses and GPs.
- 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. Pre-diabetic patients were referred to the National Diabetic Prevention Programme.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Patients with long term conditions or complex health needs were offered longer appointments times.
- The practice was involved in the National 3T Treatment Programme. This is a programme that supports patients with diabetes to achieve the three NICE recommended targets. The practice is currently ranked 4th within the Clinical Commissioning Group.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	84.6%	83.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	9.3% (56)	16.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)	84.2%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (38)	14.1%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	81.6%	83.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	9.5% (57)	16.1%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	76.5%	76.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.8% (6)	11.7%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	90.1%	91.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.6% (29)	13.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	87.2%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (48)	5.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	90.1%	91.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.5% (18)	6.3%	5.9%	N/A

Families, children and young people Population group rating: **Good**

Findings
• The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all 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. If a child failed to attend their immunisation appointments a letter would be sent to the parent/guardian and the named GP would be notified. The GPs attended regular safeguarding meetings where any non-attenders of immunisations are discussed.

- 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. Clinical staff fitted contraceptive implants and intra-uterine devices.
- 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)	79	83	95.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	96	97	99.0%	Met 95% WHO based target
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)	96	97	99.0%	Met 95% WHO based target
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)	96	97	99.0%	Met 95% WHO based target

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 had exceeded the WHO based national target of 95% The recommended standard for achieving herd immunity) for all four childhood immunisations uptake indicators.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery. There was also a dedicated cancellation line for patient's use.
- Extended hours and Improved Access meant that patients of working age did not have to take time off from work and could attend the surgery out of working hours during the week.
- The practice provided a service called E-Consult which provides access to services online from a PC, laptop tablet or a smartphone. To help patients get familiar with how to use E-Consult the practice offered weekly support sessions.

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). (01/07/2019 to 30/09/2019) (Public Health England)	77.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) **(PHE)**	77.2%	74.4%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) **(PHE)**	61.3%	62.1%	58.0%	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. (01/04/2018 to 31/03/2019) **(PHE)**	50.0%	64.7%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	48.6%	57.6%	53.8%	No statistical variation

Any additional evidence or comments
Post inspection we reviewed the current Public Health England (PHE) quarterly data for cervical screening. This was dated September 2019 and was published in December 2019. The data showed the uptake for women aged 25 to 49 was 79.09%, this ranked the practice 51 out of the 129 GP practices within Devon Clinical Commissioning Group. For women aged 50 to 64 the uptake was 74.86%. • To encourage patients to attend their screening the practice had introduced a dedicated women's health clinic as well as evening appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had comprehensive care plans in place which included treatment escalation plans, next of kin, carers information and relevant assessments such as frailty and fall assessments.
- 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.
- The practice held a vulnerable adult register and ensured any changes in their circumstances were discussed at the daily GP and nurse huddle.
- The practice could not demonstrate that all staff had undertaken the appropriate level of safeguarding training appropriate to their role. We were advised after the inspection that they had an action plan in place to ensure that this would be completed by the 5th March 2020.

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.
- Since the last inspection the practice had become a dementia friendly accredited practice.
- The practice ran dedicated clinics for patients who were diagnosed with a learning disability or a mental health condition.
- The practice could not demonstrate that all staff had in date mental capacity training. We were advised after the inspection that they had an action plan in place to ensure that this would be completed by the 5th March 2020

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	90.6%	91.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	3.0% (2)	15.5%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	87.5%	90.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	3.0% (2)	13.3%	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) (QOF)	78.4%	84.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	4.3% (5)	7.4%	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)	557.0	549.5	539.2
Overall QOF score (as a percentage of maximum)	99.6%	98.3%	96.7%
Overall QOF exception reporting (all domains)	5.0%	6.8%	5.9%

	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

The practice had recently undertaken several two cycle clinical audits. One audit looked at patients who were prescribed vitamin D (vitamin D is prescribed for a condition where calcium is lost from the bones, making them become weak, which may lead to fractures). The aim of the audit was to ensure patients were on the appropriate dose. This audit improved the efficiency of vitamin D prescribing by ensuring adequate dosage was prescribed and any under-treated patients had the appropriate dosage and were monitored more closely.

A further audit looked at patients who were prescribed Depo-Provera (this a contraceptive injection that releases the hormone progestogen into a patient's bloodstream over a period of time, to prevent pregnancy). The audit was carried out to ensure that patients received written information about the risks of reduced bone density.

Both audits demonstrated an improvement in patient care and outcomes.

Effective staffing

The practice was unable to demonstrate fully 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.	Partial
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	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	Yes

advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

The practice could not demonstrate that all staff had completed training the practice deemed was required. For example;

- Records identified that five out of 20 clinical staff had not completed adult safeguarding training to level 3 including practice nurses and GPs.
- One clinical and six non-clinical members of staff had not updated their infection control training.
- Seven members of staff including clinicians, had not updated their mental capacity act training.

After the inspection we were advised that all staff with outstanding training will have this completed by the 5th March 2020.

- Although there were gaps in some of the staff training records staff were supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. Where relevant, staff were supported through the process of revalidation.
- We saw evidence that staff are supported to maintain and further develop their professional skills and experience.

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)	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.	Yes

- Patients received coordinated and person-centred care. This included when they moved between services, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

- The practice produced regular quarterly patient newsletters which gave updates on improvements within the practice as well as staff changes and signposting to events within the community.

- A practice Health Care Assistant led on their social prescribing service which helped patients with weight and exercise management. This was also being developed further with a directory of services to enable signposting and health promotion by linking in with the Hope programme. (Help Overcoming Problems Effectively). With the aim of helping patients build confidence and learn how to manage their condition(s) including mental health issues such as anxiety, stress and depression.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	95.0%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (22)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and	Yes

recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

- Where required, consent was obtained and recorded on patient records.
- Staff we spoke with were aware of the Mental Capacity Act 2005 and what this meant for their role.

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

- The GP partners each had a lead area of responsibility in the practice.
- Regular clinical and staff meetings were held, and minuted and action taken when appropriate.
- Since our last inspection in 2015 there had been an introduction of new roles such as: a senior pharmacy technician and a medical report and patient data coordinator. They were brought in to help manage clinicians' administrative workload and to improve efficiency and safety at the practice.

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

- The practice's mission was to achieve a friendly, caring and community focussed primary healthcare service that enriched the wellbeing of its patients and staff. The practice was dedicated to continuous improvement and enabling a positive environment in which learning, innovation and aspirations could thrive.
- The practice had a clear vision for future innovations and planning days were in place to further develop these.

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- There was a strong emphasis on the safety and well-being of all staff.
- There was a staff reward scheme in place for recognising good practice of an individual. Staff were encouraged to nominate a colleague for any excellent customer service provided, inspirational support of another colleague or for an episode of outstanding clinical care.
- The practice produced monthly staff newsletters which highlighted any staff changes within the practice and congratulated staff members who had been nominated for a staff reward.
- There was an open-door policy within the management team where staff could raise any concerns and were encouraged to do so.
- Staff were supported to meet the requirements of professional revalidation where necessary.

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

Source	Feedback
Staff	• Staff told us they felt supported and valued. • There were opportunities for upskilling and development. • Staff told us they enjoyed working at the practice and morale was good.

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

- Governance arrangements were well established at the practice, and there were comprehensive risk assessments in relation to safety issues.
- There were health and safety systems in place and equipment was maintained in line with guidance.
- There was a clear overarching staff structure and discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles of colleagues.
- There was a strategy in place to review and monitor staff training, however, at the time of inspection there were identified gaps for staff having received the most recent updates of training for their role.
- The practice manager regularly reviewed and updated the policies as required and staff were able to access these easily.
- The practice had systems in place to receive and respond to medical safety alerts such as those from the Medicines and Healthcare Regulatory Agency (MHRA).
- There were systems in place for monitoring and reviewing complaints and significant events.

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

- We saw that changes made as a result of detailed regular medicine and prescribing audits had improved patient care.
- We found that not all Patient Group Directions (PGDs) had been signed by all staff from the date the PGD was valid from. However, at the time of inspection, Patient Group Directions (PGDs) used to administer medicines had been signed by all appropriate staff. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.).
- A current and up to date business continuity plan was in place.
- We saw recommendations from risk assessments had been actioned.

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

- The staff training matrix showed 27 staff had completed General Data Protection Regulation training to protect patient personal and identifiable information. Records also showed eight staff had not completed training in information governance.

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's	Yes

Office.	
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
• On the practice website there was advice for patients on how to manage their online repeat medicine requests, appointments and security.	

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
• The practice actively encouraged feedback about the services provided through the completion of the friends and families survey, the practice website, a digital survey on a tablet at the surgery and discussions with the practice's patient participation group (PPG).	

Feedback from Patient Participation Group.

Feedback
The practice had an active PPG group who had been operating for several years. The group had approximately eight members and since 2019 they have been involved in projects such as: • Staff Interviews. • Organising art work from local schools to be displayed within the practice. • Arranging water coolers for the reception area. • Attending flu clinics. • Co-ordinating bake sales to raise money for charity.

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

- The practice was a training practice for doctors to become a GP.

Examples of continuous learning and improvement

- The practice had improved clinical administrative functions and simplified documentation workflow. This was designed to support and reduce the work for the GPs and give them more clinical time.

- There had been an introduction of lead roles in the Patient Services Team to ensure responsiveness, efficiency and safety.

- The nurse led social prescribing project had received national recognition which led to one of the nurses writing clinical articles for the Royal College of Nursing (RCN).

- The practice had introduced a new digital based telephone system which provided intelligence on call volumes and waiting times., The practice could respond to increase in calls and make extra staff available to take calls and monitor how long it took for calls to be answered and the call abandonment rate.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that

practices that have “Met 90% minimum” have not met the WHO target of 95%.

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

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

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

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

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

Glossary of terms used in the data.

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