

Care Quality Commission

Inspection Evidence Table

Dr N A Turner & Partners (1-545920542)

Inspection date: 04 February 2010

Date of data download: 03 February 2020

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
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 were 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: <ul style="list-style-type: none">Regular discussions with social care professionals, helped to support and protect adults and children at risk of abuse or harm.Staff knew who led on safeguarding at the practice and where to go for advice.The practice told us relevant staff members attended safeguarding meetings.	

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
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: <ul style="list-style-type: none"> We looked at the records of four members of staff, they had received the necessary checks required to keep patients safe. 	

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:	Y June 2019
There was a record of equipment calibration. Date of last calibration:	Y June 2019
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:	Y March 2019
There was a log of fire drills. Date of last drill:	Y Jan 2020
There was a record of fire alarm checks. Date of last check:	Y 22 Jan 2020
There was a record of fire training for staff. Date of last training:	Y
There were fire marshals.	4
A fire risk assessment had been completed. Date of completion:	Y Jan 2019
Actions from fire risk assessment were identified and completed.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Fire training for staff was carried out via E learning and all staff had completed this training in the last 12 months. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y Jan 2020
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Jan 2020
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> No actions were needed after the recent health and safety assessment. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were 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:	Y Monthly audits.
The practice had acted on any issues identified in infection prevention and control audits.	Y
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
Explanation of any answers and additional evidence: Actions from monthly audits: <ul style="list-style-type: none"> Need to change taps to elbow closures. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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.	Y
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were multi skilled to cover absences and sickness. • Posters were seen in every clinical room, and at reception to remind staff of symptoms to look out for in relation to medical emergencies. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Test results were monitored and cleared daily by the clinicians. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	1.00	0.99	0.87	No statistical variation
The number of prescription items for	10.2%	10.9%	8.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	6.46	5.73	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)	2.06	2.53	2.08	No statistical variation

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.	Y
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
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.	Y
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

Medicines management	Y/N/Partial
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
For remote or online prescribing there were effective protocols for verifying patient identity.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw medical oxygen and a defibrillator on site with systems to ensure they were regularly checked and fit for use. Emergency medicines were stored correctly and monitored daily. 	

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:	21
Number of events that required action:	21
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw significant events had been shared with all staff members so they knew why actions had been taken. Significant events seen had been managed in a timely manner. 	

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

Event	Specific action taken
Patient left behind in the self-check blood pressure room.	<u>Action</u> <ul style="list-style-type: none"> Patient exited the self-check blood pressure room, and the cleaner let the patient out. <u>Learning</u> <ul style="list-style-type: none"> All reception staff have been updated on the closing policy, which ensures all rooms have been checked before leaving the premises.

Weight loss not acted upon	<u>Action</u>
	<ul style="list-style-type: none"> • Consideration that an opportunity for earlier diagnosis may have been missed by lack of attention to patients weight loss.
	<u>Learning</u>
	<ul style="list-style-type: none"> • Detailed response to complaint of delayed diagnosis of tongue cancer. • NHSE happy with response • Importance of taking note of any weight loss at examination.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We saw examples of actions taken on recent safety and medicine alerts. They were well documented and the information cascaded to all relevant staff members working at the practice. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	

- The clinicians kept up to date with current clinical evidence-based guidance using access to software on their computer desktops. They also discussed recent updates during weekly clinical meetings.
- We saw the two-week wait pathway policy had been reviewed and updated

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>	0.54	1.18	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- All people over 75 were advised of their named GP. People over 75 were also offered a health-check.
- Frailty / palliative care meetings were held quarterly and included community nurses, end-of-life nurses, and a hospice representative.
- Home visits were offered to housebound patients, this included for example, visits to review long term conditions or provide flu vaccinations.
- The practice followed up older patients discharged from hospital, to ensure their care plans and medicine needs had been updated to reflect any changes.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had several Care Homes that had patients registered at the practice. These were regularly visited by the Nurse Practitioner or the GP when needed.
- We were told a greater tolerance for patients not attending for their appointments and late arrivals was given to this population group.

People with long-term conditions

Population group rating: Good

Findings

- All patients with long-term conditions (LTC) had a structured six-monthly review to check their health and medicine needs were being met. For patients with more complex needs, the GP worked with other health and social care professionals to deliver a coordinated package of care. We were told the reviews were more frequent if there were any concerns.
- Housebound people had their annual reviews undertaken at home.
- We found a co-ordinated system in place to ensure patients were seen according to their clinical need and sent reminders for their review.
- Staff responsible for reviewing patients with LTC had received specific training.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services, for example, an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Practice warfarin monitoring was

undertaken.

- Flu vaccinations were offered to all patients with a LTC annually.

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>	84.8%	78.5%	79.3%	No statistical variation
Exception rate (number of exceptions).	5.2% (34)	7.5%	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>	80.1%	78.2%	78.1%	No statistical variation
Exception rate (number of exceptions).	3.9% (26)	5.1%	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) <small>(QOF)</small>	83.3%	81.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.5% (56)	7.9%	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>	75.2%	73.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	5.3% (46)	4.4%	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>	90.4%	83.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	9.2% (20)	7.8%	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) <small>(QoF)</small>	76.2%	81.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (41)	2.4%	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>	88.6%	90.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (2)	4.4%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> We were told children under the age of five were automatically given priority when requesting appointments, and where possible asked to come in as soon as they can. All staff had completed the appropriate safeguarding training. Receptionists knew who the safeguarding lead was at the practice and how to raise a concern. The practice had a process 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. The practice had arrangements for following up failed attendances of children's appointments. For example, following an appointment in secondary care they liaised with health visitors when necessary. The practice website had national and local patient help to support patients with self-help. Patients in the population group that had been admitted to hospital for an 'over-night' stay were called by a member of the nursing team to ensure they have everything they needed and that any post-discharge needs or care was met. We were told that patients were encouraged to participate in smear, bowel, mammogram, and abdominal aortic aneurysm programmes opportunistically, and were reminded with the posters and information seen in the waiting room and on the practice website. There were allocated appointments with the senior nurses and nurse practitioners for family planning/contraception and hormone replacement therapy reviews.

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	87	89	97.8%	Met 95% WHO based target (significant variation positive)

doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)				
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)	89	91	97.8%	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)	89	91	96.7%	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)	89	91	97.8%	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

- Childhood immunisation uptake rates were higher than the World Health Organisation (WHO) targets.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- On line appointments, SMS text reminders and electronic prescribing (to the patients chosen pharmacy) and repeat prescribing were available.
- NHS Health Checks were available and medical checks for workers provided.
- The practice had systems to inform students to have the meningitis vaccine, before attending university for the first time.
- Private medicals were available for those that needed them.
- There were daily telephone appointments available for problems that could be discussed on the telephone, to support this population group without the need for them to attend the practice premises.

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). (31/03/2019 to 30/06/2019) (Public Health England)	79.2%	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)	78.8%	75.4%	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)	66.8%	59.2%	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)	66.8%	61.6%	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)	56.9%	55.3%	53.8%	No statistical variation

Any additional evidence or comments

- We asked the practice about the lower cervical screening indicator (seen in information above), we were told the nurses had been focused on calling patients and advising them the importance of attending for these appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice provided primary care services to six learning disability homes.
- They also had a travelling community and a small number of patients working at a local factory and hotel complex, who do not have English as their first language. The practice told us they understood this could increase the risk of safeguarding to these two groups of patients due to possible lack of education, different cultural beliefs around vaccinations, and frequent movement around the area. We were told the reception team, were able to recognise patients from the travelling community to facilitate their appointment request effectively.
- We were told a greater tolerance approach was given to this population group when considering patients non-attendance for their appointments and late arrivals.
- An alert on the home screen ensured staff considered patients vulnerability to provide the flexibility needed for this population group when requesting appointments.
- All staff members had received up-to-date online training to safeguard vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- One of the GP partners had specialist knowledge in mental health through an advanced diploma in primary care mental health. They were supported by a regular GP locum whose previous role was a consultant psychiatrist at the local mental health trust.
- The practice had dementia-friendly status, having worked proactively to manage signage and the environment to ensure the suitability for the needs of dementia patients. There was a 'dementia-friendly champion' within the reception team for dementia patients to recognise and connect with, on entering the practice.
- The patients in this population group were identified on the home screen of their medical

records to aid staff with information to help them provide for peoples service needs.

- Patients admitted to hospital for an 'over-night' stay, were called by a member of the nursing team to ensure they had everything they needed post discharge.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing annual health checks. During annual health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were provided.
- There was a system to follow-up patients who failed to attend for their review of long-term mental health medication.
- When patients were assessed to be at risk of suicide or self-harm, the practice had arrangements in place to help them remain safe.
- Patients identified at risk of dementia were offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients and their carer's were provided a link when appropriate to the NHS dementia website guide, this was also available on the practice website.

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%	87.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	7.9%	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>	93.3%	86.2%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.3% (2)	6.1%	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>	72.0%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	10.7% (9)	7.0%	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)	552.7	533.4	539.2
Overall QOF score (as a percentage of maximum)	98.9%	95.4%	96.7%
Overall QOF exception reporting (all domains)	4.1%	4.2%	5.9%

	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

<ul style="list-style-type: none"> • Searches were undertaken to identify patients prescribed medicines that were subject to medicine or safety alerts. • Two cycle audits and ongoing audits were seen for monitoring patients, care, blood tests, and practice waiting times and satisfaction.
--

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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

<ul style="list-style-type: none"> • New staff members records showed an effective induction programme had been carried out. We spoke with staff that had recently gone through the induction process, and they told us they were appropriately prepared for their new roles and were confident in their work. • Staff told us that training and the ability to access training was encouraged at the practice.

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
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carer's as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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)	96.5%	95.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (20)	0.8%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The records we checked showed consent for care and treatment was recorded when needed.	

Caring

Rating: Good

At the previous inspection carried out on 8 January 2019, caring services were rated requires improvement because data from the national GP survey reflected that patients were not satisfied with the services provided. We found no evidence of actions taken to understand or improve patient satisfaction during that inspection. We also gave the practice a 'should', to improve the identification of carers to ensure provision of extra care and support.

At this inspection we were assured from the evidence seen, that the practice was monitoring and improving patient satisfaction through a number of sources; 'NHS choices' feedback, 'friends and family' responses, annual in house surveys, annual practice open days, national patient surveys, and auditing of patient complaints. They had also commissioned an independent practice survey in October 2019 that showed improved patient satisfaction. We found the practice had focused on identifying carers and frail patients to improve patient outcomes.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We observed staff talking to patients in the surgery reception. These observations showed staff were focused on supporting patients with respect and compassion. 	

Source	Feedback
NHS Choices	14 Responses over the last year. 11 responses were very positive about the service and the staff, three responses were less positive about access.
Friends and Family	Over the last 6 months there had been 425 responses, 82% positive, 6.5% neutral and 15% negative.
Practice survey.	The practice commissioned an independent survey of 202 responses. We saw that 83% of patients rated the practice, good, very good, or excellent.
Comment cards	The three comment cards received were all extremely positive with regards to the changes and were satisfied with the practice services.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	90.8%	85.3%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)				
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)	88.7%	84.8%	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)	99.4%	94.3%	95.5%	Tending towards 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)	79.9%	76.5%	82.9%	No statistical variation

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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was plenty of patient information both in the reception area at the practice, and on the practice website regarding the practice and local voluntary services available to patients. 	

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> Patients were positive about the changes at the practice and the services they received at the practice. A newly registered patient was complimentary about the new patient check they had been provided and the advice given. A young parent told me that access to appointments had improved considerably over the last year, and that the reception staff seemed less stressed and far friendlier.

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)	93.9%	92.3%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The patient information was well displayed and accessible for patients. Information was also available on the practice website. 	

Carers	Narrative
Percentage and number of carers identified.	134 / 11,700 this equates to 1.4% of the practice patients being carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Receptionists encouraged carers to identify themselves. Posters in the waiting room asked patients to identify themselves. Clinicians asked patients to identify themselves when they suspected they were carer's. A recently updated carer's pack provided the support and resources needed for carers.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The recently bereaved were sent a card from the practice with support information included.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The reception area supported confidentiality. Patients were asked to stand back if there was a queue at the reception desk. Paperwork, prescriptions and pathology forms waiting to be collected were located away from the desk to ensure they could not be seen by patients waiting at reception. A number of patients told us how the reception area had improved over the last year. Patients were pleased that the waiting times in the practice had reduced dramatically over the last year. There was signage at the reception to offer a private place to discuss sensitive issues. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw the policy for patients to access their online patient information, book appointments on line, and order repeat prescriptions. Patients had filled out security information and consent to access the practice via the internet, and they had been advised how to keep their information secure. 	

Responsive

Rating: Requires Improvement

At the previous inspection carried out on 8 January 2019, responsive services were rated requires improvement because data from the national GP survey reflected that patients were not satisfied with the services provided. We found no evidence of actions taken to understand or improve patient satisfaction during that inspection.

At this inspection we saw evidence that the practice was monitoring and improving patient satisfaction through a number of sources; 'NHS choices' feedback, 'friends and family' responses, annual in-house surveys, annual practice open days, national patient surveys, and auditing of patient complaints. They had also commissioned an independent practice survey in October 2019 that showed improved patient satisfaction. However, the improvements are yet to be reflected in survey data from the national GP patient survey so we have rated responsive as requires improvement. This affects all the population groups.

Responding to and meeting people's

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice told us how being part of the primary care network (PCN) had improved access to appointments and helped them understand the local population needs. There was a mobile hearing loop device available in a prominent place in reception, for those with reduced hearing to access. 	

Practice Opening Times	
Day	Time
Opening times: At the main surgery	
Monday	8am - 6:30pm
Tuesday	8am - 6:30pm
Wednesday	8am - 8:30pm
Thursday	8am - 8:30pm
Friday	8am - 6:30pm
Extended access	
The practice was part of a primary care network that provided appointments between 6.30pm to 8pm from Monday to Fridays in the evenings, and from 8am to 8pm on Saturdays and Sundays. This service was provided in a local GP surgery as part of the extended access policy with the NHS.	

National GP Survey results

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)	88.5%	93.3%	94.5%	Tending towards variation (negative)

Older people

Population group rating: Requires Improvement

Findings

- The practice was responsive to the needs of older patients. Home visits and urgent appointments were provided for those with enhanced needs and complex medical issues.
- The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- We were told people over 75 were given an appointment when they requested.
- The practice had developed 'in-house' services due to their rural location with the community health providers. These included: phlebotomy, audiology, podiatry, abdominal aortic aneurysm screening, dementia advisor, GP Care Advisor (who visit patients for advice and support around benefits) support social care input, liaison with the community matron and initial cognitive scoring prior to referral to the memory clinic.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local community nursing team to discuss and manage the needs of housebound patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life were coordinated with other services. The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Appointments were available before and after school hours so that school age children did not miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances or at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- On-line and mobile technology was available for all patients that had consented to use it. On-line appointments were available and SMS texting was used to remind patients of upcoming appointments.
- Repeat prescribing and electronic prescribing service (EPS) was available, enabling patients to

collect medication from their preferred pharmacy.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. This was confirmed on the day by parents that spoke to us.
- If a parent or the school had concerns relating to a child's hearing, the practice could make a referral without the child having to see a GP.

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

Population group rating: Requires Improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email.
- Consultations were available over the phone when appropriate to add greater access for this population group.

**People whose circumstances
make them vulnerable**

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances could register with the practice, including those with no fixed abode.
- 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: Requires Improvement

Findings

- The practice told us their population demographic had a high number of patients with mental health conditions, including depression.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Double length appointments were provided for patients with complex needs.
- Staff we spoke with understood how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment appointment to detect possible signs of dementia.
- 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We were told the GPs monitored and phoned patients on a daily basis that had requested a home visit to enable them to prioritise their work. 	

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)	28.0%	N/A	68.3%	Significant Variation (negative)
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)	39.6%	60.2%	67.4%	Variation (negative)
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)	36.5%	57.9%	64.7%	Variation (negative)
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)	50.0%	69.5%	73.6%	Variation (negative)

Explanation of any answers and additional evidence:				
We asked the practice about the negative responses seen in the national GP patient satisfaction survey (01/01/2019 to 31/03/2019) seen above.				
<ul style="list-style-type: none"> We were told about all the work that had been carried out to improve patient satisfaction. This included an independent survey commissioned by the practice in October 2019. We looked at the results of the low indicators above in the independent survey. This showed: <ul style="list-style-type: none"> Ease of access by the telephone - 31%. Satisfaction with experience - 85%. Satisfied with appointment times – 63% Satisfied with the type of appointment – Was not asked in the independent survey. In response to the concerns in the 2018 National GP Survey low patient satisfaction reported in the previous inspection report, the practice produced and action plan with the following actions: <ul style="list-style-type: none"> Practice to work with their patient participation group (PPG), North East Essex Clinical Commissioning Group (NEECCG) and patients to implement an ‘Advanced Action Plan’ to address areas of poor patient satisfaction identified in the patient survey. Schedule of review meetings to chart progress. Practice open day and engagement event. Meeting with parish council. In response to low satisfaction of the overall experience of making an appointment the practice 				

Indicator	Practice	CCG average	England average	England comparison
<p>actions were:</p> <ul style="list-style-type: none"> ○ Engagement with Primary Care Network (PCN) receptionist forum. ○ Focussed receptionist training meetings. ○ Receptionists to attend customer focussed training. ○ New telephone system, with call recording facility. ○ Audit of the appointment system and make further changes as necessary. <ul style="list-style-type: none"> • In response to the low satisfaction with appointment times the practice actions were: <ul style="list-style-type: none"> ○ Staff to receive 'Care Navigator Training'. ○ Increase the number of online appointments. ○ Increase the clinical space by possible use of portacabins in the car park. • In response to the low satisfaction of the type of appointments offered the practice actions were: <ul style="list-style-type: none"> ○ 20% increase in clinical resources. ○ Recruit Pharmacist. ○ Recruit Paramedic. ○ Recruit additional salaried GP. ○ Recruit replacement Advanced Nurse Practitioner. ○ Recruit Care Navigator. ○ Additional non-clinical space for telephone triage (GP and Clinical Pharmacist). <p>In summary, we acknowledge the action plans initiated by the practice to improve patient satisfaction and can see that their own surveys reflect that patient satisfaction has improved. However, this has not yet been evidenced by the National GP Survey, the results of which are due to be published in July 2020.</p>				

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	20
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw the practice audits complaints regularly to ensure patient satisfaction remains a focus of their service delivery. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Unhappy with clinicians attitude	<p><u>Action</u> Discussed with clinician. Patient contacted and apology made. Practice manager provided a courtesy call to patient.</p> <p><u>Learning</u> Clinician's knowledge of human papillomavirus (HPV) updated</p>

	and recent research studies.
Requesting repeat prescription of a steroid medicine was given only - one month needed to be reviewed. The patient was unhappy with this	<p><u>Action</u></p> <p>Long term use of steroid for hay fever needed to be reviewed by GP before prescribing and further advice sought from Consultant Specialist. GP reviewed patient. The practice manager gave a courtesy call to patient.</p> <p><u>Learning</u></p> <p>GP reviewed guidelines for patients on long term steroids and made a follow-up appointment.</p>

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patients were satisfied with the service they received from the practice.• We saw the practice manager always provided patients a courtesy call if they had experienced any concerns.• The practice was open and honest about issues and problems they had experienced and it was clear they had worked to put things right.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The business plan at the practice considered their long-term strategy in light of the changes in respect of their work in the primary care network.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y

Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Policies we looked at supported the duty of candour. 	

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

Source	Feedback
Staff members	<ul style="list-style-type: none"> When we spoke to staff they told us they would feel confident to raise any , and felt they would be taken seriously.
	<ul style="list-style-type: none"> Staff said the management and clinicians were visible daily, supportive, and accessible.
	<ul style="list-style-type: none"> Staff also told us they had been given opportunities for training and development.
	<ul style="list-style-type: none"> We saw staff were kept informed and updated about any information and changes in processes or procedures occurring at the practice.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff showed us where they could access policies and procedures to support their work and specific roles. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y

There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw a range of clinical and administrative audits to monitor patient outcomes and internal administrative processes, these showed performance and helped them understand where improvements were needed. These included internal clinical audits to improve patient outcomes, and to improve patient satisfaction. We saw an effective system to ensure two week wait referrals were well managed. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<ul style="list-style-type: none"> We saw staff performance was reviewed within annual appraisals. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found the practice used documents signed by patients to confirm they understood how to keep their personal data secure, when accessing information and their patient details online. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice discussed any proposed changes with the patient participation group to gain patient opinions. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- The practice works with other practices in their local primary care network (PCN).
- Continuous work with their patient participation group (PPG) ensured patient opinion was always sought.
- Work had been carried out with North East Essex Clinical Commissioning Group (NEECCG) and patients to implement an 'Advanced Action Plan' to address areas of poor patient satisfaction identified in the national patient survey 2019.
- The practice had carried out a successful 'Open Day Engagement Event' which they told us they intended to hold regularly to engage patients and improve satisfaction.
- The receptionists had engaged with the PCN receptionist forum and attended customer focussed training.
- A new telephone system had been installed with a call recording facility.
- Audit of the appointment system had produced a number of changes in response to the low satisfaction with appointment types and times.
- Reception staff received 'Care Navigator Training'.
- A 100% increase was made to the number of online appointments available.
- The practice recruited a Pharmacist, a Paramedic and an additional salaried GP to increase the clinical appointment and triage availability.

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.