

Care Quality Commission

Inspection Evidence Table

Church Hill Surgery (1-3217057455)

Inspection date: 17 February 2022

Date of data download: 28 January 2022

Overall rating: Good

We had previously inspected Church Hill Surgery and published our report dated 1 September 2021. At that inspection we rated the practice as inadequate overall and in safe, effective and well led domains, we imposed urgent conditions and the practice was put in special measures.

At this inspection we have rated the practice as good overall. The practice had made the necessary requirements as detailed in our previous report.

Safe

Rating: Good

At our last inspection we rated the practice as Inadequate for providing safe services because;

- We found the practice process did not evidence that all the relevant information or checks were in place to ensure staff were recruited safely.
- We found the practice's system for managing patient and medicines safety alerts did not ensure medicines were prescribed safely.
- The practice was not able to evidence a safe system to ensure patients prescribed high risk medicines were appropriately monitored in a timely way.
- The practice was not able to evidence that all patients had a structured and comprehensive medicines review. We identified reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicines review or consultation with the patient.
- We reviewed patient consultation records and found discrepancies with the coding of medical records.
- The practice did not ensure all staff had vaccinations in line with current Public Health England guidance. We found the practice did not evidence clear supervision and competency checks for all staff.
- The process for recording, investigating, and learning from significant events did not ensure safe care and treatment.
- The practice stored securely but did not monitor all blank prescription stationery in line with national guidance.
- The risk assessment for the remote collection sites and deliveries lacked detail to be assured it mitigated all risks.

- The practice did not ensure the safe storage of medicines in the dispensary fridges.

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

- We found the practice process and systems ensured staff were recruited safely.
- We found the practice's system for managing patient and medicines safety alerts ensured medicines were prescribed safely.
- The practice had a system in place to ensure monitoring of patients prescribed high risk medicines.
- The practice evidenced structured and comprehensive medicines reviews for patients.
- We found the practice had improved systems and processes to ensure that medical information was added and coded consistently and appropriately.
- We found the practice did not evidence clear supervision and competency checks for all staff.
- The practice process for recording, investigating, and learning from significant events ensured safe care and treatment.
- The practice stored securely and monitored all blank prescription stationery in line with national guidance.
- The practice ensured the safe storage of medicines in the fridges.
- The practice ensured all staff had vaccinations in line with current Public Health England guidance.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes ¹
Explanation of any answers and additional evidence: 1. We saw evidence that the practice had discussed safeguarding at clinical meetings, and community nurses had attended these meetings. The practice told us they were able to contact the health visitor and school nurse if they had concerns about children or needed advice.	

Recruitment systems	Y/N/Partial
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Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes ¹
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes ²
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> 1. As part of this inspection we reviewed the personnel files of five members of staff and found evidence that the practice had undertaken appropriate checks to ensure staff were employed safely. 2. The practice used an external occupational health service to assess staff for the role they were to undertake. The practice had clear systems and process to record evidence of the immunisation status of staff. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2021	Yes
There was a fire procedure. Date of fire risk assessment: 14 July 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 22 October 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes ¹
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> 1. The practice had amended their IPC checks to incorporate changes due to COVID-19 and these were communicated to staff. Actions from their audits had been taken for example a new stainless-steel equipment trolleys had been obtained. 	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Partial ¹
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: 1. We saw evidence of some staff inductions plans, however, these were not role specific. The practice told us that part of all inductions was a shadowing opportunity, but this was not documented.	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: As part of our inspection and with the consent of the practice, we used a suite of clinical searches and reviewed some patient medical records. We found medical records were clear regarding what information had been reviewed by clinicians to ensure safe and appropriate care and treatment was delivered. We found the practice has improved systems and processes to ensure medical information was added and coded consistently and correctly. This ensured other clinical staff or health professionals would be able to access accurate information about the patients for them to consider as part of their clinical care.	

The practice system to review test results showed there was no backlog of results to review; the duty doctor would review, and access results received for absent clinicians. We found evidence that patients with abnormal results had been followed up appropriately and in a timely way.

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) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.65	0.80	0.71	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	16.6%	11.7%	9.8%	Variation (negative)
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 (01/04/2021 to 30/09/2021) (NHSBSA)	5.76	5.78	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	189.8‰	196.0‰	128.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.70	1.04	0.63	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	12.9‰	12.0‰	6.7‰	Variation (negative)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Any additional evidence or comments

At this inspection we found an increase in prescribing in relation to the number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs. The increase was from 15.6% to 16.6%, and remains below CCG and national averages.

At this inspection we found the number of unique patients prescribed multiple psychotropics per 1,000 patients had decreased from 13.4 to 12.9, however, the practice remains below CCG and national averages.

The practice was aware of the data, they had improved in one area and implemented an audit system and worked closely with the CCG in order to improve their performance.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Partial ¹
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes ²
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.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes

Medicines management	Y/N/Partial
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. We saw evidence of prescribing audits undertaken by the practice with documented findings. The staff we spoke with told us the practice operated an open-door policy and clinical staff were approachable, but they did not record the learning from these discussions. The practice did not have a system to undertake a review of consultations to be assured of the competency of non-medical prescribers or other clinical staff such as salaried GPs or locums. 2. We found evidence that there was a clear and effective system to ensure patients on repeat medicines were reviewed and all medicines they were taking were considered. We found evidence to show medicine reviews were shared appropriately between different GPs, nurses and pharmacists to ensure safe care and treatment. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>Dispensing incidents were recorded, reported and discussed within the dispensary and at clinical meetings with the practice. We saw evidence of this including a safeguarding referral that had been discussed and shared with wider practice.</p> <p>We found evidence of good communication between the dispensary and the wider practice and systems and processes were in place to ensure safe care and treatment of patients. For example, changes made to a medication mid cycle of a monitoring, medicines delivery aid box.</p>	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: We reviewed the practice records for recording events and outcomes for significant events. We found the practice had a robust system to ensure events and learning from the practice and dispensary were shared with all team members and this was evidenced in meeting minutes.	

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

Event	Specific action taken
Incorrect label on medication	Conversation with patient to ensure medication was correct and medication to be taken as stated. Discussed in clinical meeting to be vigilant when labelling medication.
Vaccination error	Undertaken a duty of candour call with patient, discussed at clinical meeting to ensure checks are carried out when treating patients.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice including the dispensary, evidenced an effective system for acting upon patient and medicine safety alerts. The practice received the alerts via the electronic system and then cascaded and acted by the responsible person. Alerts were discussed and shared by the clinical team. We saw examples of actions taken on recent alerts for example, regarding a medicine with risks for patients with diabetes, Dapagliflozin, - the alert had been acted upon. 12 patients were identified as taking Dapagliflozin, all of whom did not have diabetes.	

Effective

Rating: Good

At our last inspection we rated the practice as Inadequate for providing effective services because;

- The practice failed to evidence all patients' needs were adequately assessed. We found care and treatment was not always delivered in line with current legislation, standards and evidence-based guidelines.
- We found examples where clinical coding was missing from patient records or the clinical coding applied was not wholly accurate. The poor-quality coding of patient records meant that patients' needs were not always identified and therefore they were not always given appropriate or necessary care and treatment.
- The practice performance in relation to the quality and outcome framework (QOF) 2019/2020 was in some domains below the CCG and national averages. The practice had experienced some staff shortage, through unexpected circumstances which had affected their ability to deliver this care. However, they did not have a documented clear plan to address the lower performance, although we acknowledge the COVID-19 pandemic would have impacted on a plan had there been one in place.
- The practice failed to have an effective system in place for recalling, monitoring or treating patients with a potential diagnosis of diabetes and chronic kidney disease. This did not ensure these patients received proactive care and advice to make informed choices and lifestyle changes to prevent further deterioration of their health.
- The practice's limited quality improvement program did not reliably identify or respond to patients' needs to ensure they received appropriate or proactive care in line with guidance. This was further impacted by inappropriate, incorrect or missing coding.

At this inspection, the practice was rated as good for providing effective services because:

- The practice had reviewed NICE guidelines and ensured that their treatment and care is delivered appropriately.
- We found evidence of good clinical coding of patient records which meant patients' needs were being identified and therefore were given appropriate care and treatment.
- The practice performance in relation to the quality and outcome framework (QOF) 2019/2020 was in some domains below the CCG and national averages. This was the same data available as our previous inspection, however, the practice had documented a clear plan to address any lower performance alongside a COVID-19 recovery plan.
- We found systems and processes were in place for recalling, monitoring and treating patients with a potential diagnosis of diabetes and chronic kidney disease.

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF

indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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 ¹
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 had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. Clinical staff we spoke with told us they kept up to date with current evidence-based practice in clinical meetings and as individuals. The practice demonstrated a team approach which influenced changes in the systems and processes. The systems and processes in relation to safety alerts ensured all clinical staff were aware of the changes in respect of safe management of medicines. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • 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. • Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. • 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 has a positive working relationship with a local care home, providing both GP and Nurse Practitioner visits as required, in addition to scheduled weekly rounds.

- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Older patients who lived in care homes had received flu vaccinations during home visits.
- The practice ensured that care plans and prescriptions were updated for older people when they were discharged from hospital.
- Care home staff knew how to contact the practice if they had any concerns. The care home had a designated number to call for the practice.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified at an early stage, older patients who may need palliative care as they approached the end of life. They involved older patients in planning and making decisions about their care, including their end-of-life care.
- The GPs and nurses at the practice worked holistically and in partnership with other health professionals such as geriatricians, mental health, macmillan and community nurses. In addition, they worked with others such as social workers, occupational therapists and physiotherapists
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected the practice ensured an appropriate referral for diagnosis.
- Staff were trained in the Mental Capacity Act and Dementia Awareness.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice ensured appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. They also undertook health checks for patients with severe mental health needs. They were proactive in offering health checks to relevant patients such as those with a learning disability, which the practice had identified 25 patients.
- The practice had provided Saturday morning sessions for cervical screening, which benefitted those patients who preferred weekend appointments. These sessions were impacted by COVID-19 and were scheduled to resume in April 2022. The practice had systems in place to follow patients who did not attend their appointments and an effective failsafe system in place for cervical screening. The practice called patients who had received an abnormal test result to discuss it with them. People in vulnerable circumstances were able to register with the practice, including those with no fixed abode, travellers and those with a learning disability.
- The practice identified people who misused substances, or those with excessive alcohol intake, and directed them to appropriate services to support them.
- A social prescribing service provided by the local authority and aimed at addressing social and economic isolation was delivered. Patients were referred to a social prescriber who would see patients in whichever setting was suitable for them.
- 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 were able to access services for sexual health and contraception.
- We review A&E attendances for children as part of our vigilant safeguarding process.
- The practice worked in partnership with "Just One Norfolk", providing healthcare services for children and young people in Norfolk.
- The practice hosted a weekly clinic with the midwives for their pregnant patients.
- The practice had introduced Saturday morning clinics as part of the extended hours requirements to allow better access for children to attend appointments without missing school.

Management of people with long term conditions

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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- A diabetes specialist nurse held a clinic at the practice monthly to support patients with diabetes who had more complex needs. The nurse liaised with the nursing team around follow ups and blood tests.
- Patients with long term conditions were prioritised for influenza vaccinations.
- 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 demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs, these patients were followed up by telephone within 72 hours.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2019 to 31/03/2020) (NHS England)	36	38	94.7%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	33	36	91.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received	33	36	91.7%	Met 90% minimum

Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	32	36	88.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	29	33	87.9%	Below 90% minimum

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

Any additional evidence or comments

- The practice had introduced Saturday morning opening as part of the extended hours requirements to allow better access for children to attend without missing school. (This was impacted by the pandemic, but now expected to resume in April 2022).
- Children who did not attend for immunisations were followed up by the practice nurse, by letter and by telephone. The lead nurse had oversight of this process and liaised with the health visitor if appropriate.
- Immunisation alerts were placed on the clinical computer system and discussions were held opportunistically when patients attended for other reasons.
- Immunisation rates had improved for all standard childhood immunisations as a result of proactively following up patients who did not attend their appointments.

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). (Snapshot date: 30/06/2021) (Public Health England)	78.7%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (to) (PHE)		-		N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (to) (PHE)		-		N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	50.0%	53.8%	55.4%	No statistical variation

Any additional evidence or comments

- The practice held Saturday morning sessions to be used for cervical screening benefitting those patients who may struggle to get time off of work during the week. (This was impacted by the pandemic, but now expected to resume in April 2022).
- Non attenders and non responders for cervical screening were followed up by the practice.
- The practice had an effective failsafe system in place for cervical screening. They called patients who had received an abnormal test result to discuss it with them.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	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

<p>The practice had a programme of targeted quality improvement such as clinical audits. They also had a COVID-19 recovery plan which helped the practice focus on areas affected by the pandemic.</p> <p>An audit conducted 29/07/2021 and 03/02/2022 in respect of patient taking a high-risk medicine methotrexate, showed two patients had not received the appropriate monitoring. However, appointments had been booked a further four patients had no recall date recorded. The practice took immediate action and a new recall procedure is now in place to ensure all monitoring and recalls are in place for all patients taking methotrexate.</p> <p>As part of our inspection we conducted searches to identify patients having a potentially missed diagnosis of diabetes. The search identified five patients, all of whom had been coded correctly, all had recent blood tests and appropriate clinical notes to show these patients did not have diabetes.</p>
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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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Partial ¹

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.	Partial ²
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial ³
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1,2 &3. We saw evidence of some staff inductions, however these were not tailored to specific roles. The practice told us that shadowing opportunities were available for all new staff, but this was not formalised. The staff we spoke with told us the practice operated an open-door policy and clinical staff and leaders were approachable, but they did not record the learning from these discussions. The practice did not have a consistent system to record reviews and to be fully assured of the competency of their staff.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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

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 ¹

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 ²
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 and tackling obesity.	Yes ³
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice had identified patients who may require extra support. For example, the GPs and nurses at the practice worked holistically and in partnership with geriatricians, macmillan nurses, community nurses, the local hospice, social workers, occupational therapists and physiotherapists to assess patients' needs as required. 2. Between February 2021 and February 2022, the practice identified 755 eligible patients and offered health checks to 384 patients, the practice had completed 51 health checks. 3. The practice ran a smoking cessation clinic and had set up a weight management service to support patients to live healthier lives. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Caring

Rating: Good

Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Patients we received feedback from or spoke with	Feedback we received from patients was generally positive about the caring nature of staff. However, we did receive negative feedback about unprofessional communication from a clinician.
Care Home	Care home staff we spoke with told us GP and nurses were kind and professional when caring for residents.

National GP Patient 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 healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	89.3%	90.3%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	93.7%	90.3%	88.4%	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 (01/01/2021 to 31/03/2021)	96.5%	96.3%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	88.4%	85.3%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial ¹

Any additional evidence
1. The practice told us they had considered conducting a patient survey, however, due to the priorities of making improvements and managing the COVID-19 pandemic they had delayed this. The also recognised the National GP patient survey data was to be collected in January 2022. The practice recognised their performance was rated above or in line with with the local CCG and National averages and therefore had no immediate concerns. Since our last inspection, the practice had undertaken a staff survey as they wanted to be sure the changes they had made had also been positive in terms of the culture within the practice. A suggestion box for patients and staff to use was in reception and checked monthly and comments received were discussed in practice meetings.

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Feedback from patients and care homes was generally positive and reflected that they were involved in their care and treatment.	

National GP Patient 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	92.1%	94.6%	92.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
their care and treatment (01/01/2021 to 31/03/2021)				

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: We found evidence of a variety of information which was accessible in other languages, those that were not readily available had further information on the leaflet to access the language needed.	

Carers	Narrative
Percentage and number of carers identified.	The practice has identified 74 (1.6%) patients as carers on their practice system.
How the practice supported carers (including young carers).	The practice had appointed a carer lead alongside a carers support policy which was displayed in the practice. The policy encouraged carers to give their details to ensure the practice were aware of who are carers and that they had contact points should they need help.
How the practice supported recently bereaved patients.	The practice told us reception staff were made aware of recently bereaved patients and they would contact recently bereaved patients or families to offer their condolences and any support that may be required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes ¹
Explanation of any answers and additional evidence: 1. Reception staff ensured distance between the patient at the desk and the queuing patients to remain confidentiality. Reception staff offered patients a private room if they wished to discuss sensitive information.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Appointments available:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice had introduced Saturday morning opening as part of the extended hours requirements – to allow better access for children to attend without missing school. (this service had been impacted by the COVID-19 pandemic, but was expected to resume in April 2022, this service was delivered by the primary care network (PCN))
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	

The practice offered patients pre bookable appointments and same day appointments to meet their needs. Patient feedback was positive in respect of accessing the practice and the appointments offered.

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	98.4%	N/A	67.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	79.4%	74.5%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	77.9%	70.8%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	83.0%	85.4%	81.7%	No statistical variation

Any additional evidence or comments

The practice was aware of, and proud of, the positive National GP Survey results for accessibility indicators. Members of staff we spoke with believed this was achieved due to a multidisciplinary team and offering prebookable appointments. In addition to this, cohesive teamwork and a positive working environment allowed for a quick response to patient requests.

Source	Feedback
Patient feedback	Feedback we received from patients was positive, most patients stated that they had always been offered an appointment that suited their needs.
Healthwatch feedback	Feedback reviewed via Healthwatch was generally positive towards accessing the practice.

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.	17
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.	3

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems and processes in place to ensure complaints were received, recorded, investigated and responded to. Learning outcomes were shared with the practice team and changes were made where possible to ensure there were long term improvements.</p> <p>Staff we spoke with told us they were engaged in the process, attended meetings where complaints were discussed. They told us minutes of meetings were available for those who could not attend.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Multiple visits for various reviews	The practice had worked towards a holistic approach of amalgamating patient reviews into one appointment.
Phone consultation booked but wanted a face to face	As patient had several concerns a double appointment was booked face to face to ensure all concerns were actioned appropriately.

Well-led

Rating: Requires Improvement

At or last inspection we rated the practice as Inadequate for providing well-led services because;

- We found there was a lack of leadership and oversight from the provider to ensure services were delivered in a safe and effective way to patients.
- The practice performance in relation to the quality and outcomes framework was below CCG and national averages. The practice did not have a regular program or plan of quality improvements to address this.
- The practice did not operate effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- We found a lack of clinical oversight was in place from the provider to fully support staff to deliver safe care and treatment to patients.

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

- We found improvements had been made in respect of the leadership, culture, governance and management oversight of the practice. However, leaders and staff we spoke with told us this was a priority and they were still developing the team to establish a robust sustainable leadership and management structure for the future.
- The practice had been supported by and worked with a team from the CCG and an external GP and manager who had experience in supporting the delivery of improvements in GP practices. As a result of this additional clinical and management support, improvements had been implemented and significant risks to patients mitigated.
- These newly implemented improvements needed to be fully embedded, further improved and sustained to ensure fully safe and effective services continued to be delivered to patients.
- The practice had been challenged with some staff changes and difficulties in recruiting employed GPs and nurses, however, they used locums who provided sessions on a regular basis. The practice had an active recruitment drive in place and had recently employed a new nursing team member.
- The turnover of staff and the challenges of recruitment impacted on the providers ability to fully embed the improvements made.
- Although most staff we spoke to said they had easy access for clinical support or advice, some staff reported they did not feel fully supported with protected time for proactive learning and education.

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.	Partial ¹
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes

Explanation of any answers and additional evidence:

1. Staff we spoke with were positive about the leadership in the practice. Staff reflected that there was a more open culture since our last inspection. They also reflected further recruitment and retention of clinical staff was required. Whilst there was the shortfall, they employed locum GPs who provided regular sessions. The leaders in the practice recognised they had an administration and reception team who work cohesively to enable improvements to be implemented and monitored. The leaders told us they recognised the challenges in sustaining the improvements that had been made, however they were confident for the future as they now had the support, knowledge and systems in place to do this.

Vision and strategy

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

	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us, and staff we spoke with confirmed that they were aware of the practice vision. Some staff told us they had been part of the discussion. The practice had an overarching strategy identifying and setting out how they would achieve priorities. Staff told us they had worked together as a team to meet the challenges that the COVID-19 pandemic had presented.</p> <p>The practice stated their aims and objectives were</p> <ul style="list-style-type: none"> • Improve outcomes in all CQC outcome areas • Improve services for patients • Improve and maintain patient satisfaction scores • Address Covid recovery • Deliver QOF • Improve staff satisfaction and wellbeing • Improve resilience as we move forward <p>However, they recognised the challenges of recruitment and retention of clinical and non-clinical staff and the impact this could have on sustaining the improvements already made.</p>	

Culture

The practice had a culture which drove high quality care.

	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes ¹
There was a strong emphasis on the safety and well-being of staff.	Partial ²
There were systems to ensure compliance with the requirements of the duty of candor.	Yes ³
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes ⁴
The practice encouraged candour, openness and honesty.	Yes ⁵
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Staff we spoke with and those we received feedback from told us they would raise concerns and events with the practice manager or GP, staff were able to give examples of recent events which we saw evidence of.</p> <p>2. Staff we spoke with told us the management team and provider supported their personal well-being. Some staff reported they did not feel fully supported clinically, despite the fact that the practice leaders had an open-door policy and staff told us the GPs were approachable. However, the leaders were aware there was no formalised system or process to ensure the supervision and support of clinical staff.</p> <p>3,4, &5. We identified that the practice had a system and processes in place to be assured that significant events and complaints were routinely reported, recorded, investigated and discussed. The complaints and significant events we reviewed had been managed well and the documentation was appropriate.</p>	

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

Source	Feedback
Staff interview	We have a good team at Church Hill and management are approachable.
Staff questionnaire	Communication has improved, and I feel more involved and valued as a member of staff.
Staff questionnaire	I feel valued in my job role and feel I also get good help and support from all staff if needed.
Staff questionnaire	I have easy access for clinical support and advice, but I do not feel fully supported with protected time for proactive learning and education.

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 ¹
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: 1. We found the governance structures had improved and were regularly reviewed by the clinical leaders, upon review where improvements were identified they took action. For example, the process of recruiting locums was reviewed to ensure systems and processes in the practice were adhered to by all. These newly implemented improvements needed to be fully embedded, further improved and sustained to ensure fully safe and effective services continued to be delivered to patients.	

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 ¹
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes ²
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: 1. The practice showed evidence of comprehensive assurance systems in place which identified the potential risks of medicine management, recalls and clinical coding. These processes were in place and staff were knowledgeable on the system, however, they were newly implemented and needed to be fully established to ensure improvements were sustained.	

2. The practice had a comprehensive and documented approach to quality improvement which incorporated COVID-19 recovery and Quality and Outcomes Framework delivery.

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes

Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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 ¹
The practice had an active Patient Participation Group.	Partial ²
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: 1. We spoke with care home representatives who told us that the practice had regular engagement with the care home, and they were able to feedback any concerns they had. 2. A PPG member who, along with the practice staff, were trying to engage members to reform a group. The COVID-19 pandemic had made this more difficult over the past 18 months. However, meetings had started to run again with limited members.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group told us the practice were very open and were engaged with them. The practice had also helped with advertising and encouraging the addition of new members as the pandemic has had an impact on the size of the group.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice told us they had reflected on the findings from our previous inspection and had with the external teams ensured a focus on the continued learning required to sustain and make further improvements. We saw evidence of meeting minutes which shown that learning was shared through the practice team for example, learning from safety alerts, significant events and complaints. The practice had systems for shared learning. We saw evidence of meetings between staff members and leaders discussing learning and development opportunities.	

Examples of continuous learning and improvement

The practice demonstrated a commitment to the development and skill mix of the practice staff. The practice also utilised to the benefit of their patients, the services of a social prescriber who worked in the primary care network.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

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

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

Glossary of terms used in the data.

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