

Care Quality Commission

Inspection Evidence Table

Hawes Lane Surgery (1-2612548572)

Inspection date: 23/05/2018

Date of data download: 18 May 2018

Safe

Safety systems and processes

| Source | Y/N |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| There was lead members of staff for safeguarding processes and procedures. | Y |
| Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Y |
| Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff. | Y |
| Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs) | Y |
| The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way. | Y |
| Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients | Y |
| Reports and learning from safeguarding incidents were available to staff. | Y |
| Disclosure and Barring Service (DBS) checks were undertaken where required | Y |
| Staff who acted as chaperones were trained for the role and had a DBS check. | Y |
| Explanation of any 'No' answers: | |

| Recruitment Systems | Y/N |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The registered person provided assurances that safety was promoted in their recruitment practices. | Y |
| Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers). | Y* |
| Staff vaccination was maintained in line with current PHE guidance and if relevant to role. | Y |
| Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Y |
| Staff who require medical indemnity insurance had it in place | Y |
| <p>Explanation of any 'No' answers:</p> <p>*Of the four staff files that we looked at, one non- clinical member of staff did not have evidence of any reference checks obtained prior to commencing employment at the practice. The practice manager who was also the registered provider told us that they had obtained a verbal reference via telephone but had not written the details down. Following our inspection, the practice manager forwarded us a copy of a reference they had since obtained. The practice recruitment policy did not include any details regarding what pre-employment checks were required as part of the practice recruitment process for example, any requirements with regards to references.</p> | |

| Safety Records | Y/N |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2017 | Y |
| There was a record of equipment calibration Date of last calibration: December 2017 | Y |
| Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals | Y |
| Fire procedure in place | Y |
| Fire extinguisher checks | Y |
| Fire drills and logs | Y |
| Fire alarm checks | Y |
| Fire training for staff | Y |
| Fire marshals | Y |
| Fire risk assessment Date of completion | Y |

| | |
|------------------------------------------------------------------------------------------------------------------------------------|---|
| Health and safety Premises/security risk assessment? Date of last assessment: 27/12/2017 (carried out every 6 months) | Y |
| Health and safety risk assessment and actions Date of last assessment: 27/12/2017 (carried out every 6 months) | Y |
| Additional comments: Two actions were identified and both have been completed | |

| Infection control | Y/N |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Risk assessment and policy in place Date of last infection control audit: 28/03/2018 The provider acted on any issues identified Detail: No issues identified | Y |
| The arrangements for managing waste and clinical specimens kept people safe? | Y |
| Any additional evidence | |
| Legionella testing/risk assessment in place 8/01/2017 COSHH (Control of Substances Hazardous to Health) risk assessment in place Only single use equipment was used at the practice | |

Risks to patients

| Question | Y/N |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The practice had systems in place to monitor and review staffing levels and skill mix. | Y |
| There was an effective approach to managing staff absences and busy periods. | Y |
| Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance | Y |
| Staff knew how to respond to emergency situations. | Y |
| Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond. | Y |
| The practice had equipment available to enable assessment of patients with presumed sepsis. | Y |
| There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance. | Y |
| The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff. | Y |
| <p>Explanation of any 'No' answers:</p> <p>The manager told us that staff had access to NICE guidelines for Primary Care responsive actions to Sepsis to ensure they were aware of the symptoms that might be reported by patients. The local CCG also had training planned for all non-clinical staff.</p> | |

Information to deliver safe care and treatment

| Question | Y/N |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation. | Y |
| The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way. | Y |
| Referral letters contained specific information to allow appropriate and timely referrals. | Y |
| Referrals to specialist services were documented. | Y |
| The practice had a documented approach to the management of test results and this was managed in a timely manner. | 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 |

Safe and appropriate use of medicines

| 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). (01/07/2016 to 30/06/2017) (NHSBSA) | 0.72 | 1.00 | 0.98 | Comparable to other practices |
| Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA) | 6.6% | 6.0% | 8.9% | Comparable to other practices |

| Medicine Management | Y/N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 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 |
| Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs). | Y |
| Prescriptions (pads and computer prescription paper) were kept securely and monitored. | Y |
| There was a process for the management 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, audits for unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance. | No controlled drugs on site/in Drs bags |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice. | Y |
| For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance. | Y |
| The practice held appropriate emergency medicines | Y |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases | Y* |
| There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded. Oxygen checked weekly and Defibrillator last tested December 2017 | Y |
| Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use. | Y |
| Explanation of any 'No' answers: | |
| The practice completed monthly checks of the emergency medicines and equipment however, we identified two syringes in the emergency bag which had expired in March 2018, the practice took action to address this at the time of the inspection. | |

Track record on safety and lessons learned and improvements made

| Significant events | Y/N |
|-------------------------------------------------------------------------|------|
| There was a system for recording and acting on significant events | Y |
| Staff understood how to 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. | Five |
| Number of events that required action | Five |

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

| Event | Specific action taken |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fridge Temperature out of Range | Advice and guidance sought from Clinical Commissioning Group (CCG) Medicine Management team. The practice also contacted the individual manufacturers to see if vaccines were safe to use, this was also documented in relevant patient's record. |
| Incorrect medication prescribed on repeat | Duty of candour was followed and correct medication was issued, patient was given an apology and was happy with the outcome. |
| | |

| Safety Alerts | Y/N |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| There was a system for recording and acting on safety alerts | Y |
| Staff understand how to deal with alerts | Y |
| <p>Comments on systems in place:</p> <p>Since the last Care Quality Commission (CQC) inspection in September 2017 the practice had improved its system and process for recording and sharing significant events and safety alerts.</p> <p>All safety alerts such as MHRA and NHSE were received by the practice manager and the practice nurse; alerts were added to a spreadsheet which recorded the details such as date received, what the alert was about, reference number, actions required and completed actions. The alerts were then reviewed by a GP who decided what action if any was needed depending on the nature of the alert. Where relevant these were discussed in practice and clinical meetings.</p> | |

Effective

Effective needs assessment, care and treatment

| Prescribing | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------|-----------------|-------------------------------|
| Indicator | 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). (01/07/2016 to 30/06/2017) (NHSBSA) | 0.65 | 0.82 | 0.90 | Comparable to other practices |

| Diabetes Indicators | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------------|-------------------------------|
| Indicator | Practice performance | 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 (01/04/2016 to 31/03/2017) (QoF) | 92.1% | 79.7% | 79.5% | Variation (positive) |
| QoF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 17.9% (47) | 11.0% | 12.4% | |
| Indicator | Practice performance | CCG average | England average | England comparison |
| 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 (01/04/2016 to 31/03/2017) (QoF) | 92.7% | 78.4% | 78.1% | Variation (positive) |
| QoF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 16.3% (43) | 8.8% | 9.3% | |
| Indicator | Practice performance | 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 (01/04/2016 to 31/03/2017) (QoF) | 86.2% | 78.9% | 80.1% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 17.1% (45) | 11.4% | 13.3% | |

| Other long-term conditions | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------------|-------------------------------|
| Indicator | 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. (01/04/2016 to 31/03/2017) (QOF) | 80.3% | 77.6% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.0% (3) | 5.1% | 7.7% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 93.8% | 90.2% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 4.7% (4) | 11.9% | 11.4% | |
| 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 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF) | 88.1% | 82.1% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 4.6% (29) | 3.9% | 4.0% | |
| Indicator | Practice | CCG average | England average | England comparison |
| 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. (01/04/2016 to 31/03/2017) (QOF) | 79.7% | 88.7% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.7% (1) | 5.7% | 8.2% | |

| Child Immunisation | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|------------|-----------------------------------------------|
| Indicator | Numerator | Denominator | Practice % | Comparison to WHO target |
| Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England) | 46 | 51 | 90.2% | Met 90% Minimum (no variation) |
| The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England) | 44 | 58 | 75.9% | 80% or below Significant variation (negative) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England) | 44 | 58 | 75.9% | 80% or below Significant variation (negative) |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England) | 44 | 58 | 75.9% | 80% or below Significant variation (negative) |

During our inspection the practice nurse was not available; therefore, we discussed child immunisation data with the practice manager who was also the registered provider. The manager was unable to provide a clear explanation as to why the practice was below the World Health Organisation target for the uptake of children aged two who had received their immunisations. They told us that a new practice nurse was appointed and the practice actively followed up children who do not attend their appointments and we saw evidence to support this. This included referral to the health visitor. The practice manager was given the opportunity to provide more current data but was unable to as they said it would take time to collate from the CCG. They assured us that once the data was available they would take appropriate action to improve rates. However, at the time of the inspection there was no action plan of how they could further promote uptake or were monitoring the low data.

The practice was aware of areas where exception reporting was above local and national averages; for example, diabetes indicators. Staff we spoke with explained actions to improve performance in this area which included joint Diabetic Specialist Clinic (DICE) with a Hospital Diabetic Specialist Nurse and the practice nurse for complex diabetics. The practice operated a call and recall system and staff explained that patients would only be excluded from the practice QOF calculator if they did not meet the criteria as defined by the QOF register or if all attempts had been made to recall patients for their check-up.

| Cancer Indicators | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|-------------------------------|
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England) | 72.3% | 66.9% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 74.1% | 64.9% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 51.0% | 41.5% | 54.5% | 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. (PHE) | 62.5% | 66.3% | 71.2% | N/A |

| Mental Health Indicators | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------------|-------------------------------|
| Indicator | 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 (01/04/2016 to 31/03/2017) (QoF) | 93.5% | 90.6% | 90.3% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.1% (1) | 14.0% | 12.5% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF) | 96.8% | 92.3% | 90.7% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.1% (1) | 10.2% | 10.3% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients diagnosed with | 100.0% | 85.2% | 83.7% | Variation |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------------|------------|
| dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | | | | (positive) |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0 (0) | 5.6% | 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|----------------------------------------|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 556 | 528 | 539 |
| Overall QOF exception reporting | 5.9% | 6.2% | 5.7% |

Effective staffing

| Question | Y/N |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The registered person provided assurances that 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 provider had a programme of learning and development. | Y |
| There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Y |
| Staff had access to appraisals, one to one, 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 |
| <p>Any further comments or notable training:</p> <p>All staff had completed domestic abuse training and there were posters and leaflets available for patients to raise awareness and sign post to support/advice.</p> <p>Practice nurse – Completed training in prescribing and minor ailments</p> | |

Coordinating care and treatment

| Indicator | Y/N |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF) | Yes |

Helping patients to live healthier lives

| Indicator | Practice | CCG average | England average | England comparison |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|------------------------|-------------------------------|
| The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 94.8% | 95.8% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.4% (4) | 0.8% | 0.8% | |
| Indicator | Practice | CCG average | England average | England comparison |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE) | 53.3% | 53.3% | 51.6% | Comparable to other practices |

Description of how the practice monitors that consent is sought appropriately

All consent forms were scanned directly on to the patient's records and a pop up screen in the patient record system which showed that consent had been given. All staff were aware of Gillick competency and a consent protocol was in place which covered all aspects of consent.

Caring

Kindness, respect and compassion

| CQC comments cards | |
|-----------------------------------------------------------------------|-------|
| Total comments cards received | 32 |
| Number of CQC comments received which were positive about the service | 22 |
| Number of comments cards received which were mixed about the service | Eight |
| Number of CQC comments received which were negative about the service | Two |

Examples of feedback received:

| Source | Feedback |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CQC comment cards | Comment cards – of the 32 completed comment cards 22 were very positive about the service and particularly about staff who have on occasions acted as advocates to enable them to access services and support. |
| Staff member examples | Staff members provided examples where they had treated patients in a caring and compassionate manner. For example, supporting relatives during bereavement and offering support for vulnerable patients. The practice held coffee mornings on Tuesdays and Thursdays for patients who may be socially isolated. |
| Friends and family test (FFT) | The practice received 140 completed FFT cards during March 2018 and April 2018. Out of the 140 completed cards 114 (81%) would recommend the practice to a friend or family. |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 4,001 | 301 | 3% | 106 | 35% |

| Indicator | Practice | CCG average | England average | England comparison |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey) | 44.7% | 68.5% | 78.9% | Variation (negative) |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS) | 82.1% | 84.8% | 88.8% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS) | 89.8% | 93.2% | 95.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS) | 79.6% | 80.7% | 85.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS) | 90.3% | 87.6% | 91.4% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS) | 88.5% | 86.4% | 90.7% | Comparable to other practices |

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

| Date of exercise | Summary of results |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient survey completed between December 2017 and March 2018 | <p>The practice undertook an in-house patient satisfaction questionnaire, 78 Patients completed the questionnaire, and the results were discussed at the Patient Participation Group (PPG) meeting in March 2018. The results showed that patients responded positively to how staff treated them,</p> <p>For example.</p> <p>70% (strongly agreed) that reception staff were friendly (0% disagreed) 62% (strongly agreed) the Dr made them feel at ease and gave them time to explain the reason for their visit. (0% disagreed) 59% (strongly agreed) they felt confident in the care received at the practice (0% disagreed).</p> |

| Any additional evidence |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li data-bbox="113 1653 1493 1756">1. The practice held a coffee morning every Tuesday and Thursday for patients to attend the aim was to benefit patients who may be socially isolated and may access GP services for non-medical reasons. |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interviews with patients | We spoke with three patients two of whom were PPG members (Patient Participation Group) they told us that they felt involved in their care and treatment. |
| Comment cards | Feedback from comments card showed that overall patients felt involved in decisions about their care and treatment, staff were helpful and took time to listen and explain treatment. |

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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS) | 78.7% | 82.4% | 86.4% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS) | 77.1% | 76.5% | 82.0% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS) | 89.4% | 86.4% | 89.9% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS) | 82.3% | 82.3% | 85.4% | Comparable to other practices |

| Question | Y/N |
|---------------------------------------------------------------------------------------------------|-----|
| 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 easy read format. | N |
| Information about support groups was available on the practice website. | Y |

| Carers | Narrative |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Percentage and number of carers identified | 46 carers on the register (1% of the practice list size) |
| How the practice supports carers | Annual health assessment, flu vaccination, carers corner in practice with information for carers. |
| How the practice supports recently bereaved patients | <p>Patients receiving end of life care were discussed at multi-disciplinary team meetings so that information was shared in a timely manner.</p> <p>If families had suffered bereavement, the practice made arrangements for their usual GP to contact the family member and invite them in to speak with the GPs or sent them a sympathy card. This call was followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had a bereavement pack which included information and detailed support services available for the family?</p> |

Privacy and dignity

| Question | Y/N |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Y |

| | Narrative |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Arrangements to ensure confidentiality at the reception desk | Patients could speak in confidence away from the waiting room a private room was available on request and a poster in the waiting room alerted patients to this. |

| | |
|--|--|
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|--|--|

| Question | Y/N |
|-------------------------------------------------------------------------------------------------|-----|
| 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 |

| Source | Feedback |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients | Winter bags had been set up during the winter months in 2016, to support vulnerable patients; including vulnerable older patients and patients who were living in isolation. This idea was initiated by the practice and the team had put support bags together to give to vulnerable patients in the practice and during home visits. Each bag contained a hot water bottle, a blanket, a pair of gloves, a pair of socks, a hat, a torch and a thermos mug to help patients through the winter months. |
| Staff interview | Staff told us that if patients wanted to discuss a sensitive issue they were offered a room away from the waiting area to speak in confidence. |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Day | Time |
| Monday | 08:00-18:30 |
| Tuesday | 08:00-20:00 |
| Wednesday | 08:00-18:30 |
| Thursday | 08:00-18:30 |
| Friday | 08:00-18:30 |
| Appointments available Monday 08:00-18:30 Tuesday 08:00-20:00 Wednesday 08:00-18:30 Thursday 08:00-18:30 Friday 08:00-18:30 | |
| Extended hours opening Tuesday until 20:00 The practice was part of a local Federation comprising of six GP practices. This enabled patients to access appointments across the six practices seven days a week. Appointments were available in practices within the federation Monday to Friday from 6.20pm to 8pm and 9am to 1pm on Saturdays and Sundays. | |

| Home visits | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention | Y |
| If yes, describe how this was done | |
| <p>Home visits were generally available for elderly or housebound patients such as those receiving end of life care. All requests for home visits were discussed with a GP or Nurse. We saw evidence of a GP visit for a patient with mental health needs. On the day of the inspection the health care assistant was undertaking home visits to carry out blood tests for housebound patients.</p> <p>The practice had a protocol in place to ensure staff were clear about what to do if a home visit was not appropriate as the patient needed urgent medical attention.</p> | |

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Timely access to the service

National GP Survey results

| Indicator | Practice | CCG average | England average | England comparison |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017) | 68.4% | 79.1% | 80.0% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017) | 49.5% | 60.9% | 70.9% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017) | 40.2% | 63.7% | 75.5% | Variation (negative) |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017) | 38.1% | 63.7% | 72.7% | Variation (negative) |

Examples of feedback received from patients:

| Source | Feedback |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CQC comment cards and patient interviews | <p>From the 32 completed comment cards that we received eight patients described difficulty getting appointments when needed and having to wait long for the next available appointment.</p> <p>We spoke with three patients two of whom were PPG members, one patient stated that at times it could be difficult to get an appointment.</p> |

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|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| NHS Choices | <p>The overall rating based on 14 rated reviews was one, there had been five new comments since the last CQC inspection in September 2017, all described difficulty getting appointments when needed and having to wait long for the next available appointment.</p> |
| PPG/Practice survey | <p>Since the last Care Quality Commission (CQC) inspection in September 2017 there had not been another national GP survey completed. However, the practice had explored ways to improve satisfaction rates with regards to access to appointments and getting through to the practice by telephone.</p> <p>To gain a better understanding of patients' satisfaction the practice undertook an in-house patient satisfaction questionnaire, 78 Patients completed the questionnaire, and the results were discussed at the PPG meeting in March 2018.</p> <p>In relation to access data provided by the practice showed that 51% agreed that it was easy to make appointment and 18% disagreed. The practice devised an action plan in response to the results. Actions taken to help improve access included the following:</p> <ol style="list-style-type: none"> 1.The practice had employed a nurse prescriber and they had started a minor ailments clinic to improve access to GP appointments for those that needed it. 2.The practice was due to install a new telephone system at the end of May 2018 when the existing telephone supplier contract ended. This would enable them to manage demand and monitor call waiting times to improve efficiency. More telephone lines will be available with options for patients to access to reduce waiting times on the phone. 3.The practice had extended the number of lunchtime and evening appointments offered. |

4.Appointments were bookable up to six weeks in advance with specialist clinics for the nurse and health care assistant (HCA) for specific conditions, e.g. diabetes, asthma etc. The practice offered an in-house phlebotomy service and diabetes clinic with specialist nurses.

5.The practice had three long term locum GP's, one of whom had signed a contract for one year and another for a further three months on a rolling contract. One of the GP's was considering a permanent salaried GP post. The practice was fully staffed clinically as of March 2018.

6. Since the previous CQC inspection in September 2017 the practice had developed joint working in conjunction with six other general practices. This was part of a local federation. This enabled patients to access appointments across the six practices seven days a week which included weekday evenings and weekend mornings.

7.The practice held a coffee morning every Tuesday and Thursday for patients to attend the aim was to benefit patients who may be socially isolated and may access GP services for non-medical reasons.

Listening and learning from complaints received

| Question | Y/N |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>) | Y |
| Information was available to help patients understand the complaints system. | Y |

| Complaints | Y/N |
|------------------------------------------------------------------------------------------------|-----|
| Number of complaints received in the last year. | Two |
| Number of complaints we examined | Two |
| Number of complaints we examined that were satisfactorily handled in a timely way | Two |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | Two |
| Additional comments: | |
| Both complainants had received a written response from the practice which included an apology. | |

| Any additional evidence |
|------------------------------------------------------------|
| Complaints were discussed with staff during team meetings. |

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

Since the last CQC inspection in September 2017 the practice had improved its system and process for recording and sharing significant events and safety alerts.

The practice manager had recognised the need to develop a strong reliable team in response to staffing issues and access. Actions taken included ensuring the use of regular locum GPs at the practice. The practice had three long term GP locums, one of whom had signed a contract for one year and another for further three months on a rolling contract. One of the GP's was considering a permanent salaried post. The practice was fully staffed clinically as of March 2018. This ensured consistency and security for the practice reducing risk. The practice manager had employed a nurse prescriber who had started a minor ailments clinic to improve the availability of GP appointments for those that needed it.

Vision and strategy

Practice Vision and values

The management and staff were passionate about the care they provided and took pride in being a caring compassionate practice. There were examples of this such as supporting vulnerable patients.

The practice was in the early stages of moving to a new purpose-built building which would improve facilities for patients and enable the practice to expand services. The funding had been agreed however, the project was at an early stage and no formal patient consultation process had started. The practice management had the vision to implement social prescribing to support vulnerable patients and was leading on a bid to secure funding.

Culture

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

| Source | Feedback |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Staff Members | Nurturing environment and supportive practice manager, staff were aware of their roles and responsibilities and supported each other. Staff commented that the practice manager was approachable and open to suggestions to improve. |
| Staff Members | Good relationship with the manager, team building events and training takes place, staff work well as a team and support each other. |

Examples of changes made by the practice as a result of feedback from staff

| Source | Example |
|--------------|----------------------------------------------|
| Staff member | Suggestion for prescriptions was implemented |
| | |

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

| Source | Example |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Significant event relating to prescription error | The practice had contacted the patient to inform them and apologised and this was also recorded in the patients' medical notes. |
| | |

Examples of concerns raised by staff and addressed by the practice

| Source | Example |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discussion/Significant event | A member of staff had identified an issue with the patient transport service provided by secondary care service which could impact on patients accessing the service. This was escalated to the local Clinical Commissioning Group to act on. |
| | |
| The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. | |
| Staff described a culture of openness and honesty at the practice and said the manager was approachable and supportive. Staff felt confident in raising concerns and suggesting improvements. | Y |

Examples of action taken by the practice to promote the safety and wellbeing of staff

| Source | Example |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Staff discussion | Staff explained and provided examples of when the practice supported them and offered counselling during a difficult time All staff were enrolled on the Employee Assistance Programme. |
| Staff discussion | The practice manager recognised the need to establish a permanent team of GP's. Actions taken included ensuring the use of regular locum GPs at the practice. The practice had three long term GP locums, one of whom had signed a contract for one year and another for a further three months on a rolling contract. One of the GP's was considering a permanent salaried GP post. The practice was fully staffed clinically as of March 2018. This ensured consistency and security for the practice reducing risk. The practice manager had employed a nurse prescriber who had started a minor ailments clinic to improve the availability of GP appointments for those that needed it. |
| | |

Examples of action taken by the practice to promote equality and diversity for staff

| Source | Example |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employees Assistance Programme | Promote staff wellbeing and opportunity to obtain support if needed. The practice manager had an open-door policy to ensure they were easily accessible to all staff. |
| | |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient access | The practice had taken a number of actions to improve access for patients. This included employing a nurse prescriber who had started a minor ailments clinic to improve access to GP appointments for those that needed it. Plans to install a new telephone system. The practice had extended the number of lunchtime and evening appointments offered. |
| | |
| | |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Social Prescribing | The practice manager had recognised the need for social prescribing and was leading on a bid to secure funding. The practice had initiated aspects of social prescribing by supporting vulnerable patients. The practice held coffee mornings to benefit patients who may be socially isolated. Winter bags had been set up during the winter months in 2016 which included items such as a hot water bottle |
| GP Federation | Access to GP service seven days a week |

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learning from complaints and significant events | Recorded on a paper format and then on electronic system, discussed in practice. |
| Practice specific policies | Available in paper and electronic format, for example complaints policy, Incident management policy. |
| Other examples | <p>The practice engaged with the local Clinical Commissioning Groups (CCG) and had signed up to the CCGs Primary Care Commissioning Framework (PCCF) for 2017/18. This involved working towards a range of standards with an overarching aim to ensure patients receive high quality care and sustainable services.</p> <p>The practice held a range of regular meetings including practice meetings, and multidisciplinary meetings and these were documented.</p> <p>The clinical leadership was provided by one of the long-term locum GPs and included responsibility for checking consultations for any new locum GPs. The practice held regular clinical meetings where information was shared and discussed which included for example, significant events. The practice manager who was also the provider had overall responsibility and oversight of the governance arrangements within the practice.</p> <p>Policies and documented protocols were available in paper and electronic formats. We saw that risks were formally assessed across areas such as health, safety, fire, legionella and infection control. However, the recruitment policy lacked details on checks required prior to staff being employed at the practice.</p> <p>The system for checking emergency medicines and equipment was not effective as we identified expired syringes.</p> |
| Staff were able to describe the governance arrangements | Y |
| Staff were clear on their roles and responsibilities | Y |

Managing risks, issues and performance

| | |
|-------------------------------------------------|---|
| Major incident plan in place | Y |
| Staff trained in preparation for major incident | Y |

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No permanent GP at the practice | The practice had three long term GP locums who worked well as a team. One of the GP had signed a contract for one year and another for further three months as part of a rolling contract. One of the GP's was considering a permanent salaried post. The practice was fully staffed clinically as of March 2018. This ensured consistency and security for the practice reducing risk. The clinical leadership was provided by one of the long-term locum GPs and included responsibility for checking consultations for any new locum GPs. |
| Lack of effective systems and processes to ensure good governance (identified at last CQC inspection September 2017) | <p>Since the last CQC inspection in September 2017 the practice had improved its system and process for recording and sharing significant events and safety alerts</p> <p>All safety alerts (MHRA, NHSE etc.) were received by the practice manager and practice nurse; they were added to a spreadsheet which recorded the details such as the date, what the alert was about, reference number, actions required and completed actions. The alerts were then reviewed by a GP who decided what action if any was needed depending on the alert. Where relevant these were discussed in practice and clinical meetings.</p> |
| | |

Appropriate and accurate information

| Question | Y/N |
|---------------------------------------------------------------------------------------------------|-----|
| Staff whose responsibilities include making statutory notifications understand what this entails. | Y |

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

| | Method | Impact |
|-------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Patients | PPG/in house survey | Too early to assess overall impact |
| Staff | Practice meetings | Staff described a positive culture within the practice which was reflected in feedback provided by patients on staff attitude and behaviour. |
| External partners | Multi-disciplinary team meetings | Information shared to identify and support vulnerable patients. |

Feedback from Patient Participation Group;

| Feedback |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The practice had a PPG with seven active members who meet monthly, we spoke with two members both were positive about the practice listening and responding to feedback from the PPG. Examples of how the practice responded to patient feedback included changes to how information was provided on the notice board. |
| |

Examples of specific engagement with patients and patient participation group in developments within the practice;

| Examples | Impact |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In house patient survey | The practice had recognised that access to appointments was the main area for improvement in the national GP survey and had devised an action plan with the PPG in response to the results, actions included |
| | |

Continuous improvement and innovation

| Examples of innovation and improvements | Impact on patients |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Domestic Awareness | The practice was a domestic awareness practice and staff had undertaken training to help identify and support victims. The practice provided information in a discreet manner and sign posted to relevant support groups working in conjunction with local agencies. As a result, two patients were identified as victims of domestic abuse and could access appropriate support. |

| | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Research Ready | The practice was a research ready GP practice which is an initiative by the Royal College of General Practitioners (RCGP) that encourages involvement in primary care research. The practice had participated in research looking at the management of patients with heavy menstrual bleeding. |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Examples of improvements demonstrated because of clinical audits in past 2 years

| Audit area | Impact |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asthma Audit | Review of 78% of patients, as a result of the audit finding 47% of patients were referred to pulmonary rehab, management plans were issued, the asthma register was updated, the asthma protocol was reviewed and amended. The practice had plans to undertake this audit annually. |
| Ezetimibe Audit | The practice had completed an audit assessing the effectiveness of medication prescribed to patients with high cholesterol. |
| Antimicrobial Stewardship | Audit completed led to reduced prescribing |

Any additional evidence

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>