

# Care Quality Commission

## Inspection Evidence Table

**Dr John Danson (1-495470481)**

**Inspection date: 19 September 2018**

**Date of data download: 20 September 2018**

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

<b>Safeguarding</b>	<b>Y/N</b>
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

<b>Recruitment Systems</b>	<b>Y/N</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes Dec 2017
There was a record of equipment calibration Date of last calibration:	Yes Sept 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Dec 2017
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: (carried out by landlord/property services)	Yes Nov 2017
Health and safety risk assessment and actions Date of last assessment: (carried out by landlord/property services)	Yes Nov 2017

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 2013 The practice acted on any issues identified	Yes*  Yes
*Clear risk assessments, policies and procedures were in place. Hand hygiene audits were carried out annually, however the practice had not conducted a formal infection control audit and referred to the whole premises audit last conducted in 2013. During the inspection we did not identify any concerns linked with infection control and the practice told us they would carry out their own audit following the inspection.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

## 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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

## Appropriate and safe 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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.10	1.25	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	10.5%	8.7%	8.7%	Comparable with other practices

Medicines 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

### 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	Yes
Staff understood how to 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.	15
Number of events that required action	15
*Although all clinical events were discussed within clinical meetings and individual clinicians recorded significant events the formal documentation was not always shared centrally.	

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

Event	Specific action taken
Patient detail error	Where English is not the patients first language or administration/reception staff are unsure what the patient is requesting more time should be taken with patients and assistance given to the patient to prevent future errors.
Document scanned into wrong patient records	To check scanned document on screen matches patient on screen - discussed at practice meeting

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

# 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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.02	1.29	0.83	Comparable with other practices

## People with long-term conditions

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)	73.9%	76.0%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 1.3% (5)	CCG Exception rate 8.1%	England Exception rate 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)	67.8%	76.3%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 1.9% (7)	CCG Exception rate 6.2%	England Exception rate 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)	80.5%	81.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (28)	9.4%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	83.5%	75.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (1)	4.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.1%	91.3%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (3)	8.9%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.4%	83.0%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (6)	3.2%	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)	98.5%	94.7%	88.4%	Variation (positive)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.7% (9)	7.8%	8.2%	

## Families, children and young people

<b>Child Immunisation</b>				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	78	79	98.7%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	41	43	95.3%	Met 95% WHO based target (significant variation positive)
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)	42	43	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have	42	43	97.7%	Met 95% WHO

received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)				based target (significant variation positive)
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### Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	70.6%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.1%	65.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.4%	51.3%	54.6%	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)	73.7%	74.9%	71.2%	N/A
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)	41.7%	56.6%	51.6%	Comparable with other practices

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

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)	89.9%	88.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.8% (17)	9.5%	12.5%	

The practice could clearly identify the five patients who had been exception reported and provided details showing appropriate exception reporting. The practice had a policy in place to not exception report unless all avenues had been exhausted to engage with the patients.

Indicator	Practice	CCG average	England average	England comparison
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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)	92.0%	92.1%	90.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.8% (11)	6.9%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.7%	83.7%	83.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (2)	3.8%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	534	539
Overall QOF exception reporting (all domains)	2.4%	5.0%	5.7%

### 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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.9%	95.5%	95.3%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	0	(0)	0.4%	0.8%	
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## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Patients commented that they found the service at the practice to be good and staff were friendly and helpful and the majority found it easy to get an appointment and liked the open surgery. Patients also commented that they were treated with respect, dignity and kindness.</p> <p>Feedback from the Friends and Family test were positive and the majority of patients would recommend the practice.</p>

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4555	361	100	27.7%	2.20%

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 (01/01/2018 to 31/03/2018)	90.7%	87.0%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	92.7%	84.8%	87.4%	Comparable with other practices
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 (01/01/2018 to 31/03/2018)	98.5%	93.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.9%	81.8%	83.8%	Comparable with other practices

## Involvement in decisions about care and 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 during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.8%	91.2%	93.5%	Comparable with other practices

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes
*Patient information was limited as the landlords prohibited the practice from displaying information on the walls. The practice has addressed this by gaining access to the information screens within the waiting area and have plans in place to screen health information for patients and to show practice news.	

Carers	Narrative
Percentage and number of carers identified	4.5% (208)
How the practice supports carers	The practice identified patients who were carers and all new patients were asked as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. One of the practice team was the carers champion whose role including monitoring the carers register and inviting carers in for reviews.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient 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.

### Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	A private room was available and staff were conscious of not discussing or disclosing personal information at reception. Telephone calls including incoming calls where possible were answered in the back office to help maintain privacy and confidentiality.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6:30pm
Tuesday	8am – 8pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm

Appointments available:
Extended hours opening: The practice provided appointments Tuesday evenings and at weekends telephone consultations were available. Patients could also access appointments with a GP, Nurse or HCA at a local seven-day access hub evenings and weekends.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>The practice had a system to assess:</p> <ul style="list-style-type: none"> <li>whether a home visit was clinically necessary; and</li> <li>the urgency of the need for medical attention.</li> </ul> <p>Home visits were automatically booked in for those who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4555	361	100	27.7%	2.20%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.7%	93.1%	94.8%	Comparable with other practices

## 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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	77.6%	70.9%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	71.0%	69.0%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.4%	67.4%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	80.8%	72.5%	74.4%	Comparable with other practices

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

#### Practice Vision and values

The practice mission statement stated:  
As a GP practice we aim to provide care of a standard similar to that suggested by CQC. Our aims are that at all times the care we provide is:

- Safe: and that all patients are protected from abuse and avoidable harm.
- Effective: All patients will receive care, treatment and support achieve good outcomes, help you to maintain quality of life and is based on the best available evidence.
- Caring: All staff involve you and treat you with compassion, kindness, dignity and respect.
- Responsive: All services are organised so that they meet your needs.
- Well-led: The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and felt part of a cohesive team. Newer members of the team felt welcomed and supported, reporting good support from mentors and opportunity for training and professional development.
Staff	Staff reported that the morale within the team was high and that all staff worked together as a team and felt supported by managers.

### 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	There was a system in place for investigating, reviewing and learning from complaints and significant events. However not all clinical significant events were formally documented centrally and although they were discussed during clinical meetings again these were not formally minuted.
Practice specific policies	There was a range of policies and procedures in place accessible to staff via the internal IT system. There was a system in place to review and update policies as required.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

## Engagement with patients, the public, staff and external partners

Examples of methods of engagement		
Patients	Suggestion box Friends and Family survey. NHS Choices.	There were various ways a patient could input their thoughts about the practice which the practice then reviewed and developed an action plan to address any issues.
Public	PPG	The practice was in the process of re-structuring the PPG to be more accessible and more representative of the patient population. Meetings had been held at the practice but there had been poor attendance.
Staff	Meetings	Regular meetings were held with staff in which they could input into the agenda. Minutes of practice meetings were circulated to all staff.
External partners	Meetings	The practice met with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
An audit on patients on Warfarin to check they have had their INR monitored within at least 12 weeks of prescription issue.	The standards met were good, the vast majority of patients on warfarin had their INR monitored and documented appropriately. Where it was identified results were not documented appropriately this was followed up with the care provider who carried out the INR tests.
Paediatric Asthma audit to identify areas where best practice was unmet.	Action plan put in place to improve care and treatment which included: <ul style="list-style-type: none"> <li>• staff monitoring over ordering by pharmacy and placing alerts on patients records where this has already been identified as an issue, and</li> <li>• All children who appeared to be overusing short acting beta-agonist treatment and had &gt;4 short acting relievers in the</li> </ul>

last 12 months to be recalled for reviews.

#### 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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ( [See NHS Choices for more details](#)).