

# Care Quality Commission

## Inspection Evidence Table

### Barnfield Hill Surgery (1-564309987)

Inspection date: 10 October 2018

Date of data download: 15 October 2018

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

## Well-led

### Leadership capacity and capability

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

There had been a period of change in regards to leadership and management at the practice. Staff said this had been positive and had provided a more stable management structure and had improved morale and communication. For example, a new practice manager and office manager had been employed since the last inspection. Staff said these new members of staff were approachable, proactive and supportive. Staff spoke of an 'open door policy' and 'hands on' approach from the new practice manager.

### Vision and strategy

#### Practice Vision and values

Staff spoken to told us that the leadership team had a clear vision to provide high quality care and support staff. The staff were aware of their role in achieving these.

### Culture

#### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff stated that they felt respected, supported and valued. They were proud to work at the practice and said there were clear lines of accountability and a real sense of team work.

Staff told us that there had been a period of change in regards to leadership and management but added this had been positive and had provided a more stable management structure and had improved morale and communication. For example, a new practice manager and office manager had been employed since the last inspection. Staff said these new members of staff were approachable, proactive and supportive.

Staff spoke of an 'open door policy' and 'hands on' approach from the new practice manager.
The practice continued to be open when responding to incidents and complaints and the leadership team had responded to the previous inspection proactively, introducing changes immediately.

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

Source	Feedback
Staff interviews	Staff told us that the morale was good at the practice and communication effective. Staff said the new manager had settled in well and provided an open door style of management. Staff spoke highly of each other and of their immediate line managers.
Staff questionnaires	

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	
Following the previous inspection the leadership team had promptly recruited a practice manager consultant to update the practice policies to ensure they reflected current best practice. Staff were then allocated policies to ensure they reflected processes and practices at Barnfield Hill. A system had been introduced which continued with the programme of reviews and allocated staff to be responsible for each review. All policies were accessible from each computer in the practice.	
	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

## Feedback

Patient feedback continued to be positive at the practice. For example, at the last national GP survey (01/01/2018 to 31/03/2018) 112 surveys were received (1.5% of the practice population)

- 95% of patients said at the last appointment their needs were met. This was comparable with other practices.
- 92% of respondents responded positively to the overall experience of making an appointment. This was better than the local and national averages (78% and 69%)
- 95% 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. This was comparable with other practices.
- 93% of respondents to the GP patient survey who responded positively to the overall experience of their GP practice. This was better than other local and national practices. (89% and 84%)

## Continuous improvement and innovation

The leadership team had responded promptly and effectively to the previous inspection and to subsequent incidents. They saw the inspection process as an opportunity to further develop the service.

The GPs continued to monitor, review and audit clinical practice and held regular management meetings and clinical meetings to discuss and share findings and learning.

The practice team continued to develop and take part in pilots. For example, the practice was being used as a pilot for the introduction of extended practitioners (Physiotherapist).

### 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
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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](#)).