

Care Quality Commission

Inspection Evidence Table

Dr Paramjit Wasu (1-526774472)

Inspection date: 6 September 2018

Date of data download: 09 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
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
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
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
Explanation of any answers:	

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 July 2017
There was a record of equipment calibration Date of last calibration:	Yes Dec 2017
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	No
Fire risk assessment Date of completion	Yes
Actions were identified and completed. No outstanding actions noted.	Yes
Additional observations: Last fire drill: Sept 2018	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Jun 2018
Health and safety risk assessment and actions Date of last assessment:	Yes Jun 2018
Additional comments: The practice did not have a system of designating particular members of staff as fire marshals. Staff were clear about the practice evacuation procedure including a check that all areas of the practice (such as, the toilet) were clear. Clinical staff were responsible for assisting any patients they were in consultation with to leave the premises safely.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: June 2018 The practice acted on any issues identified Detail: Since the audit the practice had completed all recommended actions. For example, staff had completed infection prevention and control training appropriate to their role.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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
Explanation of any answers:	

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
Explanation of any answers:	

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)	1.37	0.85	0.95	Variation (negative)
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)	13.1%	12.6%	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.	N/A
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.	N/A
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
Explanation of any answers: The practice was aware that its antibiotic prescribing was higher than average. It was reviewing prescribing in line with local prescribing guidelines and with the advice of the local pharmacy team.	

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.	2
Number of events that required action	2

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

Event	Specific action taken
Theft of petty cash from reception	Security protocols reviewed. Weak points addressed with additional measures. Event discussed with staff.
Clinical complaint from relative of deceased patient	Full investigation carried out. No clinical errors identified in the patient's management. The doctor involved identified several learning points, for example, to include greater detail of medical history and revised their policy to manage patients presenting repeatedly with same symptoms in a short period of time. A detailed letter of explanation sent to complainant.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The principal GP and practice manager received safety alerts. These were stored in a folder. We reviewed an alert issued in relation to sodium valproate in April 2018. The practice showed us evidence of the searches they had carried out and action taken as a result.	

Any additional evidence
The practice business continuity plan was generic in nature and did not include current clinical commissioning group contacts or details of a buddy practice or alternative arrangements if the premises could not be opened. The plan was of limited practical use in the event of a major incident or unplanned closure.

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)	1.78	0.58	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)	75.7%	79.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (17)	8.1%	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)	85.9%	77.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (18)	7.0%	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)	78.2%	80.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (35)	9.2%	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)	85.7%	77.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.9% (27)	3.6%	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)	93.5%	92.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (5)	8.3%	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)	87.8%	83.4%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (17)	2.9%	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)	82.9%	81.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.1% (13)	9.7%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
(to)(NHS England)				No Data!
(to)(NHS England)				No Data!
(to)(NHS England)				No Data!
(to)(NHS England)				No Data!
Any additional evidence or comments The practice supplied data showing that it had achieved the 90% targets for childhood immunisations in 2017/18 for both the one year-old and two year-old cohorts of children.				

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)	62.7%	62.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.4%	69.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.5%	48.5%	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)	64.3%	76.2%	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)	33.3%	58.4%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	73.0%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (3)	8.0%	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)	97.4%	92.5%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (1)	6.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
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)	95.3%	89.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (16)	5.2%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	535	539
Overall QOF exception reporting (all domains)	6.9%	5.3%	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)	97.5%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (5)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was monitored through patient records, for example by recording that patients had verbally consented to receive vaccinations. Consent was not explicitly included in the practice's induction procedure for clinical staff. We found that a recently appointed clinical staff member was not fully aware of appropriate consent procedures in relation to younger patients. The principal GP told us they would review this with the staff member involved following the inspection.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	3

Examples of feedback received:

Source	Feedback
Comment cards	Six of the comments received were wholly positive about the practice. One patient noted that the staff went out of their way to help and others described the staff as caring, friendly and the quality of care as good. Three cards just included the word “bad” with no further details. These were anonymous and could not be followed up.
Patient interviews	The patients we interviewed were positive about the service and contrasted the quality and personalised nature of the care they received here with their experience at other practices.

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
2431	406	97	23.9%	3.99%

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)	75.7%	87.4%	89.0%	Comparable with other practices
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)	75.9%	84.6%	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)	92.1%	94.6%	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)	81.9%	79.7%	83.8%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results

Any additional evidence
The practice obtained positive feedback through the NHS Family and Friends feedback cards and NHS Choices although the number of total responses was small.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients commented that they were involved in care. For example, one person told us that their GP took the time to explain all options.

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)	89.3%	91.7%	93.5%	Comparable with other practices
Any additional evidence or comments One patient told us they required regular tests due to the particular medicines they were prescribed and the practice was very good at ensuring these were carried out and reviewed.				

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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 31 carers, that is 1% of the practice population.
How the practice supports carers	The practice had developed a “carer’s passport” for patients who were carers. This included information about useful contacts and summarised the carer’s particular “entitlements” at the practice including access to flexible appointments, annual flu vaccinations, an annual health check and the flexibility to order prescriptions over the telephone if appropriate. We were told that other practices in the area had adopted this idea.
How the practice supports recently bereaved patients	The patient’s GP normally contacted the family after a death. Bereavement support information was available in the waiting room and the clinical staff were also able to advise.

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	The reception desk was located close to one side of the waiting area. The reception area was largely screened off which limited the extent to which conversations could be overheard. Reception staff were aware of the need to be discreet when talking to patients and taking telephone calls.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients did not raise any concerns about privacy and dignity and told us they were happy with arrangements to protect their confidentiality at the practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am - 7.30pm
Tuesday	8am - 6.30pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am - 7.30pm

Appointments available	
9am - 12pm and 4pm - 6pm	
Extended hours opening	
Monday and Friday	6.30pm - 7.30pm

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	
The practice had parallel systems for booking home visits. The receptionists kept a book behind the desk which we were told was used to record requests and then this book was checked by the principal GP. This book did not record any requests for the previous two months. The practice did not have a clear system for double checking that requests recorded in the book had been acted on. It subsequently became clear that the receptionists had more recently directly passed electronic requests to the GP through the electronic records system to call back patients or their carers when a home visit had been requested. We saw that these requests had been assessed by the GP who had responded promptly.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2431	406	97	23.9%	3.99%

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	90.4%	93.3%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				

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)	85.5%	67.4%	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)	93.7%	64.8%	68.6%	Variation (positive)
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)	84.3%	63.1%	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)	89.1%	69.0%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we interviewed confirmed they found it easy to access appointments at the practice. This was viewed as one of the practice's main strengths.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
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
Additional comments:	
The practice complaints leaflet set out the timescale for acknowledgement and investigation and included a complaint form. The leaflet also made it clear that relatives or carers should obtain consent from the patient if they wanted to make a complaint on their behalf. The complaints leaflet required some updating, for example it referred patients to the "PCT" if they were dissatisfied with the practice response.	

Example of how quality has improved in response to complaints
The practice had reviewed the process for booking in cervical screening appointments following a complaint. The receptionists were now prompted to check further details to ensure the appointment was appropriately timed.

Well-led

Leadership capacity and capability

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

The practice had a senior leadership team comprising the GP principal GP and the practice manager. The principal GP recognised they had overall accountability for the service and for supervising the staff team. The practice had taken action to reduce demands on clinical capacity for example by reducing the number of care homes to which it provided services. The practice invested in staff development and training and staff were encouraged to approach any of the doctors or managers if they had questions or concerns.

Any additional evidence

The practice demonstrated clear improvement since our previous inspection. For example, it provided evidence that staff had completed mandatory training; it was managing medicines safely and was prepared for medical emergencies.

However, we remained concerned by the level of disorganisation and lack of confidence displayed by the management team in responding to some of our requests for evidence during the inspection. For example, it took several hours to establish that staff had completed their mandatory training. The practice manager told us they were experiencing computer and printer problems on the day of the inspection but that did not fully explain some of the delays.

Vision and strategy

Practice Vision and values

The practice had developed a mission statement with the strapline "Patients first and foremost". The practice team were proud that the practice provided a family-friendly ethos with good access and continuity of care. Patients we spoke with confirmed they valued these aspects of the service highly.

The practice had a longer-term strategy which included a possible merger with another local practice; and expansion of the premises to enable the practice to provide a wider range of services. More immediate priorities included increasing cervical screening uptake and developing the patient participation group.

Culture

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

The principal GP told us that the fact that the practice was meeting almost all its clinical targets was evidence that it was successfully providing high-quality, sustainable care. Staff members we interviewed consistently told us they aimed to provide an excellent service to their patients.

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

Source	Feedback
Staff interviews	Staff members at all levels told us the practice was a good place to work and they felt well supported in their roles.

	Staff with clinical roles, including the health care assistant, had access to supervision, guidance and clinical support from their clinical colleagues.
	The practice was open to external sources of learning and support.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Yes*
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
Staff were clear about the organisational structure and staff responsibilities. However, not all staff knew how to access current policies. Staff also described parallel procedures for managing home visit requests. For example, we were told that home visit requests were recorded in a book at reception and these were reviewed by the GP on duty. The book contained no such requests in recent months and we were initially led to believe there had been no home visits. We subsequently discovered that requests were also passed directly to the GP on duty through the electronic records system which also allowed for better monitoring that these had been actioned. The existence of these parallel systems created unnecessary confusion and risk.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Management of controlled drugs	All controlled drugs had been destroyed in line with regulations and removed from the practice.
Emergency medicines and equipment	The practice had reviewed its stock of emergency medicines and removed all expired medicines. The practice monitored the stock and expiry dates with evidence of regular checks. The practice maintained a stock of emergency medicines which was now in line with recognised guidance for GP practices.

Any additional evidence
The business continuity plan required further work to ensure it was practically useful in the event of a major incident or closure.

Appropriate and accurate information

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

Any additional evidence
The practice had not experienced any incidents or events which required notification to CQC since the previous inspection.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We met two members of the patient participation group who told us that they had recently attended a meeting at the practice. They told us the practice was responsive to ideas and suggestions although they could not think of any recent improvements which had been made as a result of the group's views. The most recent meeting had included a review of the latest patient survey results and the practice had shared their plans to bid for funding to extend the practice premises.

Continuous improvement and innovation

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

Audit area	Improvement
Two-week wait referrals	The practice found that all two-week wait referrals had been followed-up in line with practice policy. The practice intended to repeat the audit again later in 2018 to check that this performance was being sustained.
Monitoring of patients with diagnosed heart failure	The practice identified several patients who were due a repeat monitoring in line with national guidelines. The practice intended to repeat this audit again in 2019 to check that the practice was adhering effectively to the guidelines.

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](#)).