

# Care Quality Commission

## Inspection Evidence Table

### Tottenham Hale Medical Practice (1-4327653240)

Inspection date: 10 September 2018

Date of data download: 06 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to the current QOF year 2018/2019 between the period of 1 April 2018 and 10 September 2018.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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.	Y
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (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

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p>	<p>Yes</p> <p>July 18</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>July 18</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes</p>
<p>Actions were identified and completed.</p> <p>A fire risk assessment had recently been completed. There were no immediate actions to follow up. The practice were awaiting the final report to be issued at the time of the CQC inspection.</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>31.07.18</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>31.07.18</p>
<p>Additional comments:</p> <p>A health and safety risk assessment had recently been completed with an action plan to follow up on any concerns. Actions included ensuring sharps boxes were mounted on the walls of clinical rooms and providing opaque film to cover the windows of the reception area to help improve security and the confidentiality of patients. All actions had been completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: One action point was raised from the latest infection control audit. This was that the sharps bins were not mounted high enough on the wall of clinical rooms. This had been rectified by the practice.</p>	<p>Yes</p> <p>July 2018</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y

## 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)	0.68	0.63	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)	10.8%	10.2%	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
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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	

## 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.	1
Number of events that required action	1

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

Event	Specific action taken
<p>Hypertension care plans and blood test forms were printed and were in a pile waiting to be enveloped. Some of the forms and letters were placed in the wrong envelopes and were sent to patients. Some patients received blood forms/care plans that belonged to other patients.</p> <p>The forms were returned by the patients in question.</p>	<p>The event was discussed in the staff meeting and a new protocol for processing blood test forms was implemented. Staff at the practice also undertook further confidentiality training.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: Alerts from organisations such as the National Institute for Clinical Excellence (NICE) and the Medicines and Health products Regulatory Authority (MHRA) are received by the practice manager and operations manager. Alerts that were relevant to the practice were then sent to clinical staff to be actioned. All alerts were discussed in clinical meetings and a log was filed for future reference.</p>	



## Effective

Note: The surgery opened in October 2016 with a zero-patient list on an APMS NHS contract. Although the systems were in place for recording performance data, the practice faced many challenges with the IT system and other support systems. Due to this there was a delay in being able to transfer new patient's medical records onto the new system and a further difficulty in carrying out patient searches. This meant that the practice was unable to record any data for the QOF year of 2017/2018. Systems were stabilised and data could be recorded by the practice from 1 April 2018. Therefore, the QOF figures shown are unverified figures for the current QOF year (2018/2019) starting on 1 April 2018 to 10 September 2018 (the date of the inspection visit). No CCG or national comparison data is available for the current QOF year. The practice was working towards fulfilling the end of year QOF targets.

### 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)	0.24	0.49	0.83	Significant Variation (positive)

### People with long-term conditions

When the practice opened there was a delay in the electronic transfer of patient records, therefore data could not be submitted for the QOF year 2017/2018. The practice provided year to date figures (1 April 2018 to the date of the inspection visit on 10 September 2018). The practice was working hard towards meeting the end of year targets for the management of 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 (01/04/2018 to 10/09/2018) (QOF)	59%	-		-
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 (01/04/2018 to 10/09/2018) (QOF)	42%	-		-

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 (01/04/2018 to 10/09/2018) (QOF)	63%	-		-

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. (01/04/2018 to 10/09/2018 ) (QOF)	55%	-		-
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. (01/04/2018 to 10/09/2018) (QOF)	57%	-		-

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 (01/04/2018 to 10/09/2018) (QOF)	72%	-		-
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. (01/04/2018 to 10/09/2018) (QOF)	83%	-		-

## Families, children and young people

Indicator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine (01/04/2018 to 10/09/2018) (NHS England)	82%	80%
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PVC booster) (01/04/2018 to 10/09/2018) (NHS England)	91%	80%
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/07/2018 to 10/09/2018) (NHS England)	67%	80%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose MMR) (01/04/2018 to 10/09/2018) (NHS England)	67%	80%

## Working age people (including those recently retired and students)

When the practice opened there was a delay in the electronic transfer of patient records, therefore data could not be submitted for the QOF year 2017/2018. The practice provided year to date figures (1 April 2018 to the date of the inspection visit on 10 September 2018). The practice was working hard towards meeting the end of year targets for cervical and other cancer screening programmes.

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 (01/04/2018 to 10/09/2018) (Public Health England)	71%	-		-
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	44%	-	-	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	1%	-	-	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)	100%	-	-	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 10/09/2018) (PHE)	10	-		-

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

When the practice opened there was a delay in the electronic transfer of patient records, therefore data could not be submitted for the QOF year 2017/2018. The practice provided year to date figures (1 April 2018 to the date of the inspection visit on 10 September 2018). The practice was working hard towards meeting the end of year targets for the management of patients with poor mental health.

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 ( 01/04/2018 to 10/09/2018 ) (QOF)	78%	-		-
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 (01/04/2018 to 10/09/2018 ) (QOF)	68%	-		-
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 (01/04/2018 to 10/09/2018 ) (QOF)	100%	-		-

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score from 01/04/2018 to 10/09/2018 (out of maximum 559)	355	-	-
Overall QOF exception reporting (all domains) from 01/04/2018 to 10/09/2018	2	-	-

## 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.	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 (01/04/2018 to 10/09/18) (QOF)	91%	-		-

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent is sought and monitored through patient notes. The practice does not carry out minor surgery but refers patients to one of the other Lawrence House Group sites where consent is sought. Consent forms are then scanned and placed on the patient record so that they are available to clinicians at the Tottenham Hale practice.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
CQC comment cards	Patients said that staff were friendly and the doctors were informative. They were treated with dignity and the quality of care was good. However some said there was a long wait to get an appointment.
NHS Choices Website	Comments from the NHS Choices website were mixed. The majority of comments stated that there was a good service and that the doctors were caring. Some stated that the doctors were only there for two or three days a week and it was difficult to get a physical appointment and was easier to get a telephone consultation. The practice responded to all comments and explained the NHS contract arrangements for the practice.

## 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
2298	356	105	29.5%	4.57%

Indicator	Practice	CCG average	England average	England comparison
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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)	82.2%	85.4%	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)	81.3%	83.5%	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)	95.9%	93.7%	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)	71.5%	80.4%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
2017	<p>The practice produced an action plan in response to the National GP Patient Survey to find ways to improve service. For example, in response to:</p> <ul style="list-style-type: none"> <li>73% of respondents said that the healthcare professional they saw or spoke to was good at giving them enough time during their last visit (CCG average of 82%, national average of 87%)</li> </ul> <p>The practice discussed the need for continuity of care and a more consistent service and started a system of offering telephone appointments with the nurse that would be followed up with a face to face meeting to allow more time for discussion. The practice also provided a series of basic health leaflets that could be given to patients which helped explain conditions and answer any questions that they may have.</p>
May 2018	The NHS Friends and Family Test (FFT) showed 100% positive feedback about service.
Ongoing	The practice Patient Participation Group (PPG) undertook a series of spot checks on areas such as telephone response times, waiting times in the surgery and the customer

	service of front of house staff. This is then reported back to the practice management who produce an action plan to address any concerns raised.
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## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day and those who completed comment cards stated that they were fully involved in the decisions about their care and were consulted on all the steps taken. They did not feel pressured into going along a particular treatment path outlined by the GP or nurse.

## 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)	94.1%	90.1%	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

Carers	Narrative
Percentage and number of carers identified	The practice had 33 carers on their register which is equal to 1% of the practice list.
How the practice supports carers	The practice identified carers through the registration process and opportunistically during GP consultations. Once identified, an alert was put on the practice system. A yearly health check and flu vaccination was offered to carers along with appointments at a convenient time that fits around their caring commitments.



	<p>Leaflets signposting patients to carers support groups were available on the practice notice board along with information regarding social prescribing.</p> <p>The practice was working with the local Healthwatch organisation on ways to promote this area and to increase the register.</p>
How the practice supports recently bereaved patients	Double appointments were made available for bereaved patients along with referrals to appropriate counselling services. A note would also be placed on a patient's record so that staff were aware.

## 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	There was limited space for seats in the waiting area but there was a distance between the seats and the reception desk to ensure confidentiality for patients. A separate room was made available for patients who wished to talk in confidence.

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 and Appointment Times	
Day	Time
Monday	8am – 4pm
Tuesday	8am – 6pm
Wednesday	8am – 4pm
Thursday	8am – 6pm
Friday	8am – 4pm

Central telephone system open daily between 8am and 6.30pm	
Out of hours	<p>Due to the terms of the NHS contract, the practice was only permitted to open between 8am and 4pm daily. The practice decided to extend this to 6pm on two days a week to improve access.</p> <p>Out of this time, patients can call the Lawrence House switch board and be seen at another of the local surgeries in the group or a telephone consultation could be arranged with the GP. The practice was in the early stages of setting up SKYPE consultations for patients.</p> <p>After 6pm patients were directed to the 111 service or the local GP Federation HUB where appointments were available:  Monday – Friday between 6.30pm and 8.30pm  Weekends – 8am to 8pm</p>

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	
When patients call the practice and request a home visit, details are taken by the reception team and passed to the GP responsible for visits that day. The GP would then call the patient back and decide whether the home visit was necessary or if another option was available.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2298	356	105	29.5%	4.57%

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)	94.3%	92.9%	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)	87.3%	70.7%	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)	65.4%	64.9%	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)	51.1%	63.6%	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)	59.6%	68.7%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Interview with patients.	Patients we spoke with on the day of inspection made positive comments about getting appointments, however some commented that they would like to be able to get appointments later in the day at the Tottenham Hale Surgery but they liked the option of the telephone call from the GP.
NHS Choices Website	Comments on the NHS Choices Website were mainly positive but some stated that the doctors were only there for two or three days a week and it was difficult to get a physical appointment and was easier to get a telephone consultation. The practice responded to all comments and explained the NHS contract arrangements for the practice.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
Complaints were dealt with in a timely way, as per the practice complaints policy. The policy takes account of both written and verbal complaints. If a verbal complaint is received, the practice would invite the patient to come into the practice to speak with a member of the clinical staff and this is then recorded in the patient record. All complaints were discussed in team meetings and collated for review at the end of year complaints review.	

Example of how quality has improved in response to complaints
A complaint was received following a patient request for a copy of their summary record sheet which was subject to an administrative charge that the patient was not aware of at the time of request. The practice resolved the complaint and then ensured clear signs on subject access requests were posted within the practice. The practice also proactively advertised the use of online services for such requests.

# Well-led

## Leadership capacity and capability

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

The leadership was aware of everything that was happening within the practice and knew the capabilities of the workforce and was able to advance employee skills through training to enhance their roles.

Partners were visible and staff said that they were always approachable and open to suggestions on how to improve the service.

### Any additional evidence

The practice was part of a larger set of group practices. There was a central leadership structure which enabled many of the decisions to be made at a local level. Administrative management was shared over a number of practices which freed clinicians to see patients.

## Vision and strategy

### Practice Vision and values

The staff were aware of the vision and values of the practice which was to provide quality care through staff training, innovative ideas and forward thinking.

Staff were aware of the idea of leaving a legacy for the future and had a strategy to ensure that good systems were in place so that there was a good basis to improve upon.

## Culture

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

Staff stated that there was an open and friendly culture. All staff had received the training necessary to complete their job role and further training was offered as necessary. We saw evidence that there was a good relationship between the management and staff.

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

Source	Feedback
Interviews with staff	Staff said that they enjoyed working at the practice, everyone is caring and the team do whatever is necessary to ensure both patients and staff needs are met. There is a very supportive management team.  Staff said that they could talk to management about any issues in confidence and they are provided with support

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was an overarching governance policy within the practice. The practice also had other policies to ensure the good governance of the practice which included safeguarding, infection prevention and control and information governance.
Other examples	<p>Regular governance ,meetings were held by the partners and management staff at the practice and at an organisational level. There was a governance structure that all staff were aware of. Staff knew who to contact if they had any concerns.</p> <p>The practice held regular staff meetings to discuss current issues including significant events and complaints.</p> <p>Significant events and complaints were assessed and acted upon. An annual review was held at an organisational level to find areas for improvement in the practice. This would then be discussed at the practice and any changes implemented.</p>
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

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and Safety	Health and safety reporting forms have been developed and a practice risk officer appointed to liaise with external bodies in order to eliminate any identified risk.
Risk to patients with diabetes who do not speak English.	Work has been developed to educate those patients with diabetes who only speak Turkish. Group consultations have been developed with a Turkish speaking doctor so that they can understand the issues and hopefully raise the compliance of this group of patients.

## 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 from Patient Participation Group;

Feedback
<p>The practice had an active Patient Participation Group (PPG). The members of the group were also members of an organisation wide PPG made up of PPG members from all of the organisations locations. This group met every six weeks to discuss issues within the practice and also to share learning with other practices.</p> <p>The PPG was proactive in helping the practice to improve. For example, members of the group would sit in the practice waiting area to observe to ensure patients are being treated appropriately, they check practice leaflets and notice boards to ensure that patients are receiving the correct information and were an integral part in care navigating as members sit in the practice to help patients who do not know what to do in regard to social prescribing.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Annual health check for HIV positive patients	The practice reviewed the patient list to see how many HIV positive patients had received an annual health check. In July 2018 only four of the 13 patients coded as HIV positive had received a health check. All the patients on the list were sent a letter inviting them to a health check which would include cholesterol and blood pressure tests along with checking smoking status. The practice re-audited this in August 2018 with a target of 90%. The practice was still analysing the results at the time of inspection to see if any improvement has been seen.
Diabetic Audit to ensure patients had received their blood pressure, cholesterol and HbA1c tests.	<p>The surgery opened with a zero-list size and there were considerable IT system challenges meaning that electronic note transfer were delayed resulting in an ability to carry out patient searches and accurately record QOF data.</p> <p>Due to this it was difficult for the practice to know which patients had received the appropriate tests. When the systems were put in place in August 2017, a number of audits were put in place to ensure that patients had received the tests.</p> <p>In August 2017 the practice recorded 64 patients on the diabetes</p>

	<p>register. Of that 15 patients had a blood pressure recording higher than 140/80 and a further 13 patients had no blood pressure test recorded in the notes. This was below the national standard set of 80%.</p> <p>Eleven out of the 64 patients had an HbA1c less than 59 recorded in the notes, which was above the national standard of 80%.</p> <p>Seventeen of the 64 patients had cholesterol of over 5 mmol/l recorded in the notes which was below the national standard of 80%.</p> <p>The practice assessed the results and added more healthcare assistant clinical time to the patient group to promote tighter glucose control, give advice about lifestyle and diet and monitor and treat blood pressure. Healthcare assistants that were trained in diabetes management and a specialist diabetic nurse was used to run the clinics.</p> <p>The practice carried out a further audit in March 2018. They found 64 patients on the diabetes register. From that:</p> <p>One hundred percent had a blood pressure recorded and 11 had a blood pressure higher than the standard.</p> <p>Seventy nine percent had an HbA1c less than 59, which was a decline in result but 11 of those had reduced, indicating a much tighter control had been achieved.</p> <p>Eighty five percent of the patients had a cholesterol level recorded of under 5mmol/l which was over the 80% national target.</p>
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#### 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 practices 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](#)).