

Care Quality Commission

Inspection Evidence Table

Dr H W Ng & Partner (1-582415795)

Inspection date: 8 November 2018

Date of data download: 02 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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
Explanation of any answers: The practice had engaged actively with other organisations to ensure they were providing the correct care and treatment for all patients. They had regular meetings within the practice and with local partner agencies to discuss vulnerable patients on their patient list.	

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
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:	Y 06/12/17
There was a record of equipment calibration Date of last calibration:	Y 11/01/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 31/10/2018
Actions were identified and completed. No actions were identified.	

<p>Additional observations: A fire drill procedure was in place which staff were familiar with, but fire drills were not carried out. Since the inspection, the practice has scheduled regular fire drills.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Y June 2018</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Y 31/10/2018</p>
<p>Additional comments:</p>	
<p>Infection control</p>	
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail: The practice had identified a named lead responsible for infection control.</p>	<p>Y/N Y 21/09/2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers: The practice had a named person responsible for managing waste and clinical specimens, who completed weekly checks. Waste was stored securely and weekly collections took place which included signed transfer records.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of any answers:</p> <p>There was a named lead for sepsis and all staff had received training. Posters were on display throughout the practice.</p> <p>Non – clinical staff were all cross-trained and a regular locum was used when necessary.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>Test results had been processed in a timely manner and there were none awaiting action. Referrals were made with a patient summary attached.</p>	

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)	0.78	1.03	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)	11.1%	11.8%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Clinical staff could access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with 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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y

There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>The process for accepting and recording vaccines was clear.</p> <p>There was an effective cold chain policy in place and clear records were kept.</p> <p>Prescription stationery was not stored securely or logged. However, by the end of the inspection this had been rectified and a new protocol had been put in place.</p> <p>Emergency medicines were kept in an accessible place, but the equipment and emergency medicine for anaphylaxis were stored in separate containers. However, since the inspection, this has been rectified.</p> <p>The practice had clear procedures for the prescription of high risk medicines.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
Incorrect vaccine administered	Investigation carried out, the patient was contacted and safety measures were put in place to ensure the same event did not occur again.
Incorrect use of read code	<u>An incorrect code had been entered by the patient's previous practice. This was amended as a result of a system in place to double check data entry.</u>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Safety alerts were received by two named practice staff. Alerts were cascaded to staff and stored in a shared folder. Evidence of searches and actions were documented.	

Any additional evidence
Significant events were discussed with the appropriate staff member and then the rest of the practice team. Events were discussed at practice team meetings and the learning was shared.

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)	0.72	1.40	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 (01/04/2017 to 31/03/2018) (QOF)	86.7%	74.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (11)	8.4%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	92.9%	72.3%	77.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (7)	8.8%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	88.6%	72.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (12)	12.5%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	91.8%	75.0%	76.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (2)	5.4%	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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	90.5%	89.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (4)	9.9%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	96.5%	80.2%	82.6%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (3)	4.3%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.1%	90.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (1)	5.8%	6.7%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
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)	23	25	92.0%	Met 90% minimum (no variation)
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)	16	17	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C	16	17	94.1%	Met 90% minimum (no variation)

(MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	15	17	88.2%	Below 90% minimum (variation negative)

Any additional evidence or comments

There was a nominated immunisation lead who ran reports on outstanding immunisations.

There was 1 target out of 4 for childhood immunisations that was slightly below and that was children aged 2 who have received MMR which appeared to relate to small numbers. The other 3 childhood immunisation targets were higher than target.

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)	83.8%	71.1%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	72.3%	62.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.5%	50.1%	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)	100.0%	63.7%	71.3%	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)	75.0%	50.0%	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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.7%	89.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	17.4%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.1%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	13.7%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	94.4%	81.8%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.9%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
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Overall QOF score (out of maximum 559)	559	553	555
Overall QOF exception reporting (all domains)	4.9	9.9	9.9

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	99.7%	94.9%	95.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (4)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There was a consent policy in place which included a checklist for adults who may lack capacity or parental responsibility. It also included Gillick competence guidance. Clinicians had an awareness of the Mental Capacity Act.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	33
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Source	Feedback
Comments cards	<ul style="list-style-type: none">• Patients commented that there was no difficulty in making an appointment• The care received was always of a high standard
Conversation with patients	<ul style="list-style-type: none">• Staff are friendly and helpful

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
2735	227	97	42.69%	3.55%

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)	88.3%	84.7%	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)	86.2%	83.3%	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)	100.0%	94.8%	95.6%	Variation (positive)
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)	88.1%	80.1%	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.	Y

Date of exercise	Summary of results
Internal feedback analysis	The practice continually reviewed patient feedback received via friends and family. In the period August 2018 – October 2018, 29 responses were received and all would be extremely likely or likely to recommend the practice to friends and family if they needed similar care or treatment.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> Patients we spoke with commented that that they felt involved in the decisions about their care. Patients said that the GP was patient and made sure they understood the conversation.

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)	94.0%	92.6%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	60 patients identified = 2.2% of patient list. Carers were identified at the time of registering, reviewed annually, checked during the flu vaccination programme, and opportunistically by clinicians and reception staff.
How the practice supports carers	There was information displayed in reception which was available to take away.

	<p>Information was also included on the practice website which was updated when an event was taking place.</p> <p>Clinicians prescribed short respite breaks for carers.</p>
<p>How the practice supports recently bereaved patients</p>	<p>Information on bereavement was available in the reception area. Clinicians offer support during appointments and will offer bereavement counselling if appropriate.</p>

Any additional evidence

Staff were trained in the Accessible Information Standards. The practice has prompts and a read code on the patient record if there are additional communication needs. Some posters in the reception area were in easy read format.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Practice staff were aware that the waiting area is small and they would always offer to speak to a patient privately if needed. Waiting room chairs had been moved back as far as possible from the reception desk. Signs requested waiting patients to stand back from the reception desk were displayed.

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

Examples of specific feedback received:

Source	Feedback
Patients	Patients told us that their privacy and dignity was respected by staff at the surgery.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 7.15pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available:	
Monday, Tuesday, Wednesday & Friday	
Morning	9.00 to 11.00am
Evening	4.30 to 6.00pm
Thursday	
Morning	9.00 to 11.00am
Extended hours opening	
Monday	6.30pm -7.15 pm

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	Y
If yes, describe how this was done	
The reception staff were trained to ask for information when a home visit was requested. This was recorded and the GP was notified between appointments. The GP assessed the information and phoned the patient for more information if necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2735	227	97	42.69%	3.55%

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)	100.0%	94.2%	94.8%	Variation (positive)
Any additional evidence or comments				

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)	89.7%	63.8%	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)	84.4%	65.2%	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)	76.7%	63.4%	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)	88.8%	74.4%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comments cards	Patients stated that it was easy to make an appointment and that they were happy with the care they received at the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had responded to complaints in a timely and efficient manner. Lessons learnt were highlighted during team meetings and were improvements were identified the practice had implemented them. An example of this is an incident concerning information governance relating to two members of the reception staff. As a result, the practice staff team received informal refresher training and the matter was discussed at the next practice meeting.	

Example of how quality has improved in response to complaints

The ~~four~~-three complaints received related to different aspects of care and the practice had appropriately evaluated each complaint and highlighted lessons learnt. They have added an additional check when filing information on patient records.

Well-led

Leadership capacity and capability

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

Staff told us that the GP and practice manager were approachable, open to suggestions and supportive of training.

The GP has a key role in the CCG and attends regular peer group meetings across primary and secondary care to share best practice, resolve issues and take part in training.

Vision and strategy

Practice Vision and values

The practice had a clear vision to enhance the healthcare offer for their patients. The GP was committed to offering the best service possible to the patients and involving them in their healthcare decisions.

Culture

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

Staff at the practice were aware of their individual roles and responsibilities but worked together as a team to ensure patients were provided with high quality care. The practice carried out audits which enabled positive sustainable change. Every staff member we spoke with during the inspection was passionate about their role and was proud to work for the practice.

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

Source	Feedback
Staff	Staff told us leaders were approachable, willing to listen to ideas and would make changes for the better where appropriate.
Day of inspection	The GP and practice manager were visible and approachable, they communicated well with the staff team.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The practice had a range of policies which were specific, well organised and staff could access them through the internal computer system.
Other examples	The GP attended regular multi-disciplinary meetings to ensure the best outcomes for patients who may be vulnerable. The GP worked closely with the CCG. Practice meeting agendas included a review of complaints and significant events.

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

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Audits	The practice had carried out a number of clinical and non-clinical audits to evaluate risks and implement change. For example, the practice had carried out an audit on patients with hypothyroidism to find out if they had a thyroid function test carried out in the previous 15 months. As a result, those that hadn't had the test, were contacted by the practice.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>There was an active patient participation group, (PPG) with four regular members and a drive to recruit more due to previous members recently resigning. The PPG was regularly represented at the CCG forum meetings to share and learn from good practice.</p> <p>The PPG had raised funds to purchase a hearing loop and a defibrillator for the practice.</p> <p>They produce a newsletter and they are supported by the practice staff to upload this onto the practice website.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Ongoing audits	The practice regularly reviewed areas which they felt might require some improvements and were proactive in their approach to audits. As a result of one audit, incorrect data <u>which had been entered by the patient's previous practice</u> was corrected in the patient records to ensure that all patients eligible for flu vaccine were contacted.
Partnerships	The practice has working relationships with local care providers, including health visitors, district nurses, care co-ordination team, the local hospice. Joint home visits are undertaken where necessary. A social worker runs a weekly drop-in at the surgery for patients. The GP attends regular multi-disciplinary and palliative care meetings to review specific patients to provide the most appropriate care.

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](#)).