

Care Quality Commission

Inspection Evidence Table

Bersted Green Surgery (1-547117222)

Inspection date: 7 November 2018

Date of data download: 29 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members 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.	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
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 13/03/2018	Y
There was a record of equipment calibration Date of last calibration: 13/03/2018	Y
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	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion 30/10/2018	Y
Actions were identified and completed.	Y
Health and safety Premises/security risk assessment? Date of last assessment: October 2018	Y
Health and safety risk assessment and actions Date of last assessment: October 2018	Y

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: November 2017 The practice acted on any issues identified Detail: Because of the infection control audit the practice had instigated weekly spot checks of cleaning standards to make sure cleaning schedules were being adhered to.	Y
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.	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

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

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)	0.98	0.94	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)	9.2%	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.	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.	Y
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.	Y
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

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.	14
Number of events that required action	14

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

Event	Specific action taken
When undertaking a medication review for a patient it was found that they had not had a glaucoma check during the previous two years. This was required to prevent further deterioration of the condition.	The practice investigated this and found that the ophthalmology clinic at the hospital had overlooked to send the appointment. An appointment was sent to the patient in the next few days. The practice added the need to check that a patient had had a glaucoma review to its repeat prescribing policy for glaucoma eye drops. The practice pharmacist taught the reception staff how to check when a patient with glaucoma last had an ophthalmology appointment and to chase it up with the hospital if it was overdue.

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: All alerts were logged in a centrally managed spreadsheet. Alerts were circulated to clinicians and the practice pharmacist who ensured appropriate action was taken. Details of the action taken were recorded in the central record and all alerts were discussed at clinical meetings where action was reviewed and monitored.	

Any additional evidence
The practice did not keep an up to date and accurate central log of all significant events so that an overview and audit trail of events could be maintained. After the inspection they provided us with assurances that this was in place going forward.

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)	0.45	0.79	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)	84.7%	83.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.0% (158)	16.6%	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)	74.6%	77.6%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (143)	14.2%	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)	88.1%	80.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.9% (182)	20.3%	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)	79.4%	71.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.8% (239)	15.8%	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)	94.6%	84.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (36)	17.1%	11.4%	

Any additional evidence or comments

From April 2018 the practice had introduced a new recall system for COPD patients as it recognised a high percentage had been exception reported from spirometry. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For this QOF year patients with a winter birth month had been invited during the summer when they were more likely to be able to perform the breathing test. The practice planned to review this at the end of 2018/19 QOF year.

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)	84.8%	81.3%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (246)	6.7%	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)	87.3%	86.0%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1% (23)	8.4%	8.2%	

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 influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	141	145	97.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	136	145	93.8%	Met 90% minimum (no variation)
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) (01/04/2016 to 31/03/2017) (NHS England)	137	145	94.5%	Met 90% minimum (no variation)
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)	135	145	93.1%	Met 90% minimum (no variation)

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)	66.2%	74.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	73.9%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	56.5%	61.2%	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)	57.5%	66.0%	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)	42.1%	52.1%	51.6%	Comparable with other practices
Any additional evidence or comments The practice was aware that performance was below the target for cervical screening. They felt that this was mainly because the practice population included many foreign national patients who returned to their home country for cervical screening. There was a designated staff member who followed up non- responders to invitations for cervical screening. All clinicians opportunistically encouraged patients to attend for cervical screening during routine consultations. Patients could also access Saturday morning appointments for cervical screening through the local 'GP Access Hub'.				

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)	90.9%	82.5%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.8% (31)	21.7%	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)	90.5%	85.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (25)	16.6%	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)	79.5%	80.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (6)	10.4%	6.8%	
Any additional evidence or comments				
Patients were only exception reported if informed dissent was received or if patients had not responded to three invitation letters for a review, but were seen regularly by the local mental health team. The practice also telephoned the patients who had not responded after three invitation letters before exception reporting.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	535	540

Overall QOF exception reporting (all domains)	9.5%	7.2%	5.7%
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Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.1%	93.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (16)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice could monitor that consent was sought for interventions through the patient records.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	26
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients told us that they thought the care and treatment they received was excellent. They said the receptionists were polite and helpful. Many commented that the GPs and nurses were caring and took their time to listen to patients without making them feel rushed. They told us that they felt they were treated with dignity and respect and that the premises were clean and hygienic.</p> <p>Two patients commented that it was difficult to get through to the practice on the phone to make an appointment. However, they said that despite this they felt they received good care and a good service.</p>

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13450	289	113	39.1%	0.84%

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)	85.7%	89.9%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.3%	88.5%	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)	95.7%	96.3%	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)	83.4%	86.0%	83.8%	Comparable with other practices

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

Any additional evidence
The practice utilised the results of the national GP patient survey and had developed an action plan based on the results which showed that a lower than average percentage of respondents found it easy to get through to the practice by phone.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us that GPs and nurses involved them in decisions about their care. They told us that things were explained clearly and that they were given choices about their treatment and care.

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)	95.5%	95.0%	93.5%	Comparable with other practices

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/large print format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had 286 carers identified on its register which represented 2% of the practice list.
How the practice supports carers	The practice pro-actively encouraged carers to identify themselves at reception so that they could be registered and offered appropriate support. There were notices all around the premises encouraging carers to do this. A designated staff member had responsibility for maintaining the carers' register and sending carer's an information pack. They also liaised with the local carers' support group. There was a notice board in the waiting area with information for carers.
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them by phone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Telephone calls were taken in the back office and not at the front desk. Receptionists made sure that they spoke quietly and were discreet at the front desk. There was a sign at reception that asked patients not to queue beyond a certain point to respect the privacy of patients speaking with the receptionist. There was a private room available for confidential conversations if required.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Telephone lines open each day: 8am – 6.30pm Extended Access Extended access appointments are provided Monday to Friday 7:30am–8am and Monday to Thursday 6.30pm–7pm. In addition to the practice's own extended access appointments patients could access evening and weekend appointments at locations across the locality as part of a GP 'extended access hub'.	

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 receptionists kept a list of patients requesting a home visit for that day which they forwarded to the GPs, who reviewed and prioritised their visits accordingly.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13450	289	113	39.1%	0.84%

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)	96.4%	96.1%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	50.1%	73.0%	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)	68.8%	71.1%	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)	74.2%	67.0%	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)	77.2%	77.9%	74.4%	Comparable with other practices
Any additional evidence or comments The practice was aware that the GP survey results for getting through on the phone were below average. They told us this was because they had experienced difficulties recruiting and retaining reception staff. They had implemented several measures to help improve telephone response times which included the recruitment of additional reception staff and the prioritising of workload to ensure sufficient cover at busy times.				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients told us that although it could be difficult to get through on the phone at peak times they had always been able to get an appointment when they needed.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice's complaints policies and procedures were mostly in line with recognised guidance. However, some literature required updating to ensure it included details of the ombudsman and independent advocacy services. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.	

Example of how quality has improved in response to complaints
A patient complained that despite being promised on numerous occasions, no one from the practice had phoned them back in response to their enquiry. The practice investigated the complaint and found that the problem had been caused by poor communication between reception and administrative staff during a period of annual leave by a critical staff member. A second member of the administrative team was now assigned to provide cross cover and continuity and improve communication with patients.

Well-led

Leadership capacity and capability

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

The practice leaders demonstrated leadership, capacity and capability in many ways. For example, they had enhanced the skill mix of the practice with the employment of a paramedic practitioners, to ease the workload for GPs and provide a more efficient and effective service to growing numbers of patients. They had also employed a pharmacist to improve the efficiency, effectiveness and safety of prescribing and were able to demonstrate positive outcomes for patients in this area. For example, reduced opiate prescribing. They worked closely with other practices in the locality and took an active role on several initiatives which included frailty and end of life care. They were the lead practice for the productive general practice scheme (which supports general practices in promoting internal efficiencies, while maintaining quality of care) and provided 'workflow' training for five local practices. There was evidence of succession planning with the successful recruitment of a salaried GP and a GP partner over the last year. The practice was currently taking the opportunity also to restructure its management with the recent departure of its business manager.

Vision and strategy

Practice Vision and values

The practice aimed to ensure high quality, safe and effective general medical services and environment.

Culture

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

Source	Feedback
Staff interviews Staff questionnaires	<p>Staff told us that they enjoyed working at the practice. They told us that everyone was friendly and that they all worked well as a team. They said there was an open culture in which they felt able to raise concerns without any blame. They said managers were approachable and had an 'open door' policy. They also felt listened to and told us that the partners acted on ideas and suggestions from staff. For example, the partners were actively recruiting additional reception staff to help reduce pressures and demands on existing staff.</p> <p>Staff felt well supported in their roles and felt they received all the training they needed to undertake their jobs effectively and were encouraged to take up additional training opportunities. For example, the lead practice nurse was being supported to train as a nurse prescriber.</p> <p>Staff told us they were well informed and had regular team and practice meetings as well as training events. They felt their personal wellbeing was looked after and that they were supported to take sick leave or compassionate leave if required.</p> <p>Staff felt valued in their roles and enjoyed regular social events organised by the partners. For example, summer and Christmas get togethers.</p>

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 comprehensive set of policies and procedures that staff could access on a shared computer drive. We saw that some policies were due to be updated. The practice showed us an agreement they had recently entered with the local GP federation for their policies to be reviewed and updated by them to ensure they were comprehensive and consistent.
	Y/N
Staff could 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
Patients not being able to get through on the phone	Recruitment of additional reception and clinical staff to meet increasing patient demand.
Health and safety risk assessments	Annual health and safety risk assessments were undertaken and actions completed.

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
The practice had 'virtual' patient participation group which had 187 members which it communicated with via email. It was also in the process of establishing an actual patient participation group, but had found it difficult to recruit members. We saw evidence that the practice engaged with patients and acted in response to their feedback. For example, in response to the national GP patient survey results, the practice was actively recruiting additional reception staff to improve telephone response times. The practice had also involved patients in the productive practice scheme in order that patient views were fed in to the process. For example, in relation to improving the repeat prescribing process which patients told us had significantly improved as a result.

Continuous improvement and innovation

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

Audit area	Improvement
Dementia diagnosis and care plans	The practice undertook an audit of dementia prevalence rates and the number of care plans in place. The audit enabled the practice to improve the detection diagnosis of dementia, improve clinicians understanding of diagnostic tools and put a plan in place to ensure all dementia patients had an annual review and care plan.

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](#)).