

# Care Quality Commission

## Inspection Evidence Table

### St Werburgh Medical Practice (1-4551112454)

Inspection date: 20 November 2018

Date of data download: 07 November 2018

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

## Safe

Safety systems and processes	
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
Staff were trained to appropriate levels for their role (for example level three for GPs) and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
A notice in the practice advised patients that chaperones were available if required.	Yes
Staff who acted as chaperones were trained for the role	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes

Recruitment Systems	
Recruitment checks were carried out in accordance with regulations.	Yes
Staff vaccination was maintained in line with current Public Health England guidance and if relevant to role.	Yes
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes

Safety Records	
There was an up to date fire risk assessment that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed that the fire alarm system was tested regularly.	Yes
The practice had designated fire marshals.	Yes
Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes
Additional evidence or comments	
The practice had a fire risk assessment dated 5 July 2018 that incorporated an action plan to address issues identified. <b>However, the action plan did not contain dates indicating the timeline for when actions were to take place.</b>	

Infection prevention and control	
We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes
The arrangements for managing waste kept people safe.	Yes

Risks to patients	
The practice had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	No
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
The practice had systems to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
There was an up to date legionella risk assessment and an action plan to address issues identified.	Yes
Additional evidence or comments	
<p>We looked at the training records of four members of staff. <b>There were no records of one non-clinical member of staff's basic life support training.</b> After our inspection the practice sent us evidence to show that this member of staff was due to attend basic life support training on 27 November 2018.</p> <p>The practice had commissioned an external company to carry out a legionella risk assessment of the practice. Records showed that this had been conducted on 10 August 2018. The risk assessment incorporated an action plan to address issues identified. <b>However, the action plan did not contain dates indicating the timeline for when actions were to take place.</b></p>	

Information to deliver safe care and treatment	
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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 used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Medicine Management				
Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.21	0.88	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)	13.6%	10.5%	8.7%	Comparable with other practices
There was a process for the management of medicines including high risk medicines (for example, methotrexate) with appropriate monitoring and clinical review prior to prescribing.				No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).				No
Blank prescription forms and pads were securely stored and there were systems to monitor their use.				Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.				No
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
Up to date local prescribing guidelines were in use.				Yes
Additional evidence or comments				
We looked at the records of five patients who were prescribed high risk medicines and saw that blood test results were not recorded as being received and reviewed by a clinician prior to further prescriptions being issued for four of these patients.				

We looked at the patient group directions (PGDs) used by staff at the practice and saw that one was not signed by the relevant practice nurse. We also saw that five had been signed by the authorising manager (GP) in advance of the relevant practice nurse signing the PGDs.

The practice had two designated medicines refrigerators where they could store medicines that required refrigeration. Records showed that the temperature of one designated medicines refrigerator had been recorded as being outside of the recommended limits, of between two and eight degrees centigrade, on three occasions so far in 2018. Other records showed that a separate internal refrigerator thermometer demonstrated there had been no events when the temperature of this medicine refrigerator went outside of acceptable limits in 2018. However, the practice was unable to confirm the interval frequency of when this thermometer monitored and logged the temperature of this medicine refrigerator. Therefore, the practice was not able to demonstrate that the records showing the temperature of this medicine refrigerator went outside of acceptable limits were incorrect. There was written guidance for staff to follow when the temperature of any of the designated medicines refrigerators went outside of the recommended limits. However, staff had not recorded the action they took on the occasion when the temperature of the designated medicines refrigerators had been recorded as being outside of acceptable limits.

Medicines that had been dispensed by a pharmacy were held at St Werburgh Medical Practice for patients to collect. When patients failed to collect these from the practice, staff told us they were returned to the dispensing pharmacy after six months. If the dispensed medicines were for acute use and patients failed to collect them, staff told us that they contacted these patients before return to the dispensing pharmacy. However, there were no records to confirm this.

### Significant events

Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

### Safety Alerts

The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes

## 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)	2.90	0.99	0.83	Significant Variation (negative)
Additional evidence or comments				
The practice was aware of their performance in relation to this indicator. They had established that this significant negative variation was because of the prescribing activity of one member of staff. Staff told us that this individual had now left the practice and as a result an improvement in this indicator was expected.				

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)	66.6%	77.6%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (93)	16.3%	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)	66.4%	75.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (78)	10.6%	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	68.4%	76.6%	80.1%	Variation (negative)

mmol/l or less (01/04/2017 to 31/03/2018) (QoF)				
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (122)	14.7%	13.5%	
<b>Other long term conditions</b>				
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)	95.5%	74.7%	76.0%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	49.8% (350)	12.0%	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)	85.2%	89.0%	89.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.3% (56)	14.9%	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)	81.2%	80.8%	82.6%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (159)	5.5%	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)	84.9%	90.2%	90.0%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	0.8%	(1)	5.6%	6.7%

### Additional evidence or comments

Staff told us that patients who failed to attend physical and medicine reviews were sent up to three reminder letters after which time the practice would exempt them from their QOF data return. **Staff told us they were aware that further action was required. However, at the time of our inspection, no other actions were being taken by the practice to reduce their high exception reporting.**

## 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)	192	200	96.0%	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)	164	181	90.6%	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)	175	181	96.7%	Met 95% WHO based target (significant variation positive)
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)	173	181	95.6%	Met 95% WHO based target (significant variation positive)



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)	76.1%	74.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.1%	72.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.4%	55.4%	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)	43.8%	74.3%	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)	48.6%	48.7%	51.6%	Comparable with other practices
Additional evidence or comments				
After our inspection, the practice provided us with unverified data to show that their uptake for cervical screening was 100% (to 31 March 2018) of the coverage target for the national screening programme				

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)	91.3%	81.0%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	51.1%   (24)	15.9%	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)	96.0%	84.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	46.8%   (22)	13.5%	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)	75.9%	81.3%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.4%   (7)	7.9%	6.6%	

Monitoring care and treatment			
Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	95.2%	95.4%	96.1%
Overall QOF exception reporting (all domains)	11.1%	6.2%	5.8%

Effective staffing	Y/N
The practice had an induction programme for all newly appointed staff.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
Additional evidence or comments	
We looked at the training records of four members of staff. <b>These records showed that one member of non-clinical staff had not received an appraisal within the last 12 months.</b>	

Coordinating care and treatment	Y/N
<b>Indicator</b>	<b>Y/N</b>
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) <small>(QOF)</small>	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) <small>(QOF)</small>	95.7%	93.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (9)	1.0%	0.8%	

## Caring

Kindness, respect and compassion	
CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	5

Examples of feedback received	Source
Four comment cards indicated patients were satisfied with the care they received and thought staff were helpful and caring.	Comment cards.

National GP Patient Survey Results published in July 2018				
Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11033	287	99	34.5%	0.90%

**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.

## National GP Patient Survey Results published in July 2018

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)	81.4%	83.6%	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)	79.9%	82.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.2%	93.5%	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)	70.3%	73.6%	83.8%	Comparable with other practices
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)	91.7%	90.8%	93.5%	Comparable with other practices

## Facilities to help patients be involved in decisions about their care

Interpretation services were available for patients who did not have English as a first language.	Yes
A hearing loop was available for patients who had a hearing impairment.	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 about support groups was available on the practice website.	Yes

## Additional evidence or comments

Communication cards were available in different languages to assist staff in identifying the language patients spoke, if English was not their first language.
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Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 158 patients on the practice list who were carers (1% of the practice list).
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Written guidance was available to help staff identify patients who were also carers. For example, the identification of carers protocol. Patients who were also carers were offered influenza vaccinations annually.

Privacy and dignity	
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

# Responsive

## Responding to and meeting people's needs

### Timely access to the service

#### Practice Opening Times

##### St Werburgh Medical Practice

Day	Time
Monday	8am to 12.30pm and 3pm to 6.30pm
Tuesday	7am to 12.30pm and 3pm to 6.30pm
Wednesday	7am to 12.30pm and 3pm to 6.30pm
Thursday	8am to 12.30pm and 3pm to 6.30pm
Friday	7am to 12.30pm and 3pm to 6.30pm
Saturday	Closed
Sunday	Closed

##### Balmoral Gardens

Day	Time
Monday	8.30am to 12.30pm and 3pm to 6pm
Tuesday	8.30am to 12.30pm and 3pm to 6pm
Wednesday	8.30am to 12.30pm and 3pm to 6pm
Thursday	7am to 12.30pm
Friday	8.30am to 12.30pm and 3pm to 6pm
Saturday	Closed
Sunday	Closed

##### Twydall Green

Day	Time
Monday	8.30am to 12.30pm
Tuesday	Closed
Wednesday	8.30am to 12.30pm
Thursday	Closed
Friday	8.30am to 12.30pm
Saturday	Closed
Sunday	Closed

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

## National GP Patient Survey Results published in July 2018

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)	93.5%	92.1%	94.8%	Comparable with other practices
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)	37.3%	57.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	50.4%	57.2%	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)	46.5%	55.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	64.5%	65.8%	74.4%	Comparable with other practices

Examples of feedback received	Source
Seven comment cards indicated patients were not always able to book a routine appointment at a time that suited their needs.	Comment cards.

## Listening and learning from complaints received

The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the last 12 months.	16
Records showed that complaints were satisfactorily handled in a timely manner.	Yes
Records confirmed that complaints were discussed at staff meetings.	Yes
Learning as a result of complaints received was shared appropriately with practice staff.	Yes



# Well-led

## Leadership, capacity and capability

Culture	
Records showed that the practice held regular staff meetings.	Yes
Minutes of staff meetings were available to those who were not able to attend the meetings.	Yes
The provider had systems to ensure compliance with the requirements of the Duty of Candour.	Yes
The practice gave affected people reasonable support, truthful information and a verbal or written apology when things went wrong with care and treatment.	Yes

Governance arrangements	
The practice had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date.	No
Additional evidence or comments	
We looked at 25 governance documents and found that three were not dated, so it was not clear when they came into force. These three governance document also did not contain a planned review date.	

Managing risks, issues and performance	
Records showed that clinical audits had been carried out.	Yes
Records showed that the practice had analysed all clinical audit results and implemented action plans to address findings.	No
Records showed that all clinical audits were had been repeated or were due to be repeated to complete the cycle of clinical audit.	No
The practice had written guidance for staff to follow in the event of major incidents.	Yes
Written major incident guidance contained emergency contact telephone numbers for staff.	Yes
Additional evidence or comments	
Records showed that the practice had carried out an audit of stroke prevention in atrial fibrillation therapy in July 2016. The practice had analysed results but was unable to demonstrate an action plan had been developed and implemented to address findings. This audit had been repeated in June 2017. However, the results did not demonstrate any improvements to the quality of patient care. The practice had analysed results but was unable to demonstrate an action plan had been developed and implemented to address findings. After our inspection, the practice sent us evidence to demonstrate they were carrying out anticoagulation patient support and disease management programme activities in relation to patients who had been diagnosed with atrial fibrillation to reduce their risk of stroke.	
Records showed that the practice had carried out an audit of calcium and vitamin D3 therapy in March 2018. The practice had analysed results but was unable to demonstrate an action plan had been developed and implemented to address findings. There was also no evidence to show that the practice planned to repeat the audit to complete the cycle of clinical audit.	
Records showed that the practice had carried out an audit of patient under the age of 12 years on a	

particular inhaler used to treat specific respiratory conditions in September 2018. The practice was unable to demonstrate they had analysed the results or developed an action plan to address findings. There was also no evidence to show that the practice planned to repeat the audit to complete the cycle of clinical audit.

Engagement with patient, the public, staff and external partners	
The practice had an active patient participation group.	No
The practice gathered feedback from patients through the patient participation group.	No
The practice gathered feedback from patients by carrying out surveys.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes
Additional evidence or comments	
Records showed that the practice was in the process of setting up a patient participation group (PPG).	

### 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](#)).