

# Care Quality Commission

## Inspection Evidence Table

**Dr N Pillai and Dr L Nair (1-558169340)**

**Inspection date: 13 December 2018**

**Date of data download: 04 December 2018**

## Overall rating: Good

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

### Safe

**Rating: Good**

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The adult safeguarding policy had been reviewed and updated in November 2018 and included definitions for female genital mutilation (FGM) and domestic abuse. However, the policy did not include actions the practice would take if it suspected a patient was at risk of being subjected to modern slavery.</li> <li>Staff told us all out of hours or emergency department attendances were reviewed to identify any recurrent visits for either a child or a household. The Health Visitors held two weekly clinics as the practice and were available to practice staff to discuss any concerns regarding children.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence:	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 20/20/2017	Yes
There was a record of equipment calibration. Date of last calibration: 11/01/2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: August 2018	Yes
There was a log of fire drills. Date of last drill: 07/12/2017 and 25/08/2018 (unscheduled)	Yes
There was a record of fire alarm checks. Date of last check: 04/12/2018 – carried out each week under Mitie	Yes
There was a record of fire training for staff. Date of last training: Individual dates as part of e-learning	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 30/10/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 28/09/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28/09/2018	Yes
Explanation of any answers and additional evidence: Legionella risk assessment carried out in November 2018.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control (IPC) audit:	25/09/2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>An external audit had been undertaken by the IPC team from the local authority and included both the practice area and the minor surgery suite. We saw that the results of the audit had been discussed at the practice meeting and all identified areas for improvement had been actioned.</li></ul>	

## Risks to patients

### There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

- All clinicians had access to a validated sepsis tool through the IT system which automatically activated when certain pieces of information were inputted into the records.
- Sepsis guidance for patients was on display in the waiting areas. Guidance for staff was on display in reception and in the consulting rooms.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	0.96	0.99	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) (NHSBSA)	5.2%	5.4%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	NA

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Regular audits of high risk medicines were completed and systems were in place to ensure that patients had regular blood testing and reviews.</li> <li>• The practice pharmacist reviewed clinical correspondence regarding changes to medicines and carried out reviews of patients on repeat medicines.</li> <li>• The practice followed the clinical commission group's (CCG) prescribing incentive scheme. The practice used benchmarking information to assess their progress against the scheme. The information seen from September 2018 demonstrated that improvements have been made since March 2018.</li> </ul>	



## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff said when things went wrong at the practice there was a culture of openness and support.</li> <li>Significant events were a standing agenda item at practice meetings and all staff were invited to attend meetings when significant events were discussed.</li> </ul>	

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

Event	Specific action taken
Patient required a repeat blood test due to an abnormal result.	Due to an issue at the pathology laboratory, the patient needed to attend the practice urgently so that a further blood sample could be obtained. A task was sent to the reception to contact the patient and book an appointment. However, the task was not actioned for four days. The incident was discussed at the practice meeting, and it was decided that if a task needed to be completed urgently, the clinician would contact the patient directly. All other tasks were to be actioned within 48 hours.
Letter sent to incorrect email address	Letter sent to the correct patient and an apology given. Practice manager reported the incident to the National Reporting and Learning System (NRLS)

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Alerts were disseminated by the practice manager to all clinicians and the practice pharmacist. We saw evidence of a recent review of all patients on a medicine used in epilepsy which could be</li> </ul>	

high risk for women of child bearing age.

## Effective

**Rating: Good**

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>One of the GP partners had taken the lead for reviewing patients prescribed hypnotic medicines. The practice had been proactive in reducing the number of prescriptions for hypnotic medicine. Any new prescriptions were issued as acute prescriptions for a short period of time only.</li> </ul>	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.41	0.76	0.81	No statistical variation

## Older people

**Population group rating: add rating here**

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out a weekly audit to ensure that all patients had been contacted.</li> </ul>

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice nurse carried out home visits to housebound patients for health checks, blood tests and immunisations. The practice pharmacist carried out annual medicine reviews.

## People with long-term conditions      Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice pharmacist supported the clinical team by carrying out medicine reviews and a hypertension clinic.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered home blood pressure monitoring or referred to secondary care for ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Practice nurses used signposting to direct patients to support groups for lifestyle advice and support with diet, exercise and smoking.

Diabetes Indicators	Practice	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)	86.8%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.5% (41)	11.3%	13.2%	N/A
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)	84.9%	81.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.2% (8)	6.3%	9.8%	N/A



	Practice	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)	85.8%	81.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.8% (35)	9.5%	13.5%	N/A

Other long-term conditions	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)	73.4%	77.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	2.5%	7.7%	N/A
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)	93.1%	91.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.8% (5)	8.5%	11.5%	N/A

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)	84.4%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (16)	2.8%	4.2%	N/A
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)	94.7%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (3)	4.8%	6.7%	N/A

## Any additional evidence or comments

### Families, children and young people

Population group rating: **Good**

#### Findings

- Two of out of the four childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The other two indicators were over 90%. The advanced nurse practitioner carried out monthly searches to identify children who had not attended their immunisation appointments.
- The practice carried out an audit in December 2018 to identify children who were overdue their immunisations and invite them to book an appointment.
- The practice held a twice weekly joint GP and nurse led 'baby assessment and immunisation' clinic to see mothers and babies eight weeks postnatal.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people were supported to access services for sexual health and contraception, either at the practice or referred to the Walsall Integrated Sexual Health (WiSH) service.
- The practice offered an enhanced family planning service, including contraceptive injections, implants and Intra Uterine Coil Fitting.

Child Immunisation	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) (01/04/2017 to 31/03/2018)(NHS England)	57	60	95.0%	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) (01/04/2017 to 31/03/2018) (NHS England)	56	60	93.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	57	60	95.0%	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) (01/04/2017 to 31/03/2018) (NHS England)	56	60	93.3%	Met 90% minimum (no variation)

#### Any additional evidence or comments

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

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- In December 2018 the practice identified seven patients over the age of 45 years that had not been seen in last five years and invited them in for a health check. The practice had also identified four patients over the age of 60 years who had not been seen in the last two years, and they were also invited in for a health check.
- The practice had recently increased the number of health care assistant (HCA) hours, and given one of the HCAs the lead role for NHS health checks. The number of checks completed had



increased from 39 between April and September 2018 to 29 during September and October 2018.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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)	74.7%	71.8%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.7%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.0%	49.0%	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)	90.9%	76.2%	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)	53.8%	44.1%	51.6%	No statistical variation

#### Any additional evidence or comments

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme. The practice aimed to improve the results for cervical screening with opportunistic verbal encouragement in consultations and reminder letters sent to patients who did not attend.
- The practice's uptake for breast and bowel cancer screening was slightly below the national average. The practice had carried out an audit in February 2018 to identify patients invited for breast screening but had not attended. These patients had been sent a text message reminding them of the importance of attending. The practice had also forwarded the information to the learning disability team for those patients who may need longer appointments and/or support to attend the appointment.
- The practice actively followed up patients who did not respond to the bowel screening invitation.

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and asylum seekers, travellers, those with a learning disability and housebound patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered health checks to patients with a learning disability.
- Care plans were developed for those patients at risk of admission, and the practice worked closely with the community services to support patients.

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

Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. A member of staff described an incident where a patient disclosed suicidal thoughts during an appointment and the action that they had taken.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice was a dementia friendly practice and one of the staff was the dementia champion. They told us they had contacted Pathways 4 Life, a local organisation that provides a range of support services for people living with dementia and their carers. Information about workshops and dementia cafes was displayed around the practice.
- The practice's performance on two out of the three quality indicators for patients experiencing poor mental health was in line with or above local and national averages. However, the indicator for face to face review of care plans for people with dementia was below the averages.

Mental Health Indicators	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)	92.7%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.9% (4)	7.8%	12.7%	N/A
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)	95.3%	93.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (2)	4.7%	10.5%	N/A
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)	77.5%	82.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	13.0% (6)	6.0%	6.6%	N/A

#### Any additional evidence or comments

### Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	-	537.5
Overall QOF exception reporting (all domains)	4.3%	5.2%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice had undertaken an audit to identify patients prescribed a specific medicine (Amiodarone) to ensure they were being monitored correctly and the medicine was appropriate. The audit identified eight patients prescribed this medicine and all had been monitored correctly through blood tests and echocardiograms (ECGs). All eight patients were referred to a secondary care consultant to be reviewed regarding the appropriateness of the medicine. The repeat audit identified that only two patients remained on this medicine and they continued to be monitored appropriately.

#### Any additional evidence or comments

- The practice undertook a range of audits. A number of audits related to the running of the practice and had been initiated following suggestions from staff. For example: management of clinical correspondence, safeguarding audits to identify children reaching 18 years and moving into adult services, avoiding unplanned admissions and available appointments.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice manager had undertaken a review of the skill mix of reception staff and had identified gaps. Monthly reception staff training events had been introduced to develop the skills of the reception team so they had the required skills in all aspects of the role.</li> </ul>	

## Coordinating care and treatment

**Staff worked together and with other organisations to deliver effective care and treatment.**

Indicator	Y/N/Partial
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
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective	NA

processes to make referrals to other services.	
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Smoking 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)	96.9%	97.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (5)	0.3%	0.8%	N/A

### Any additional evidence or comments

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## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice staff documented consent within their electronic systems and with written consent forms for minor surgical procedures.</li><li>• Staff were in receipt of Mental Capacity Act (MCA) training and Deprivation of Liberty Safeguards (DoLS).</li></ul>	



# Caring

**Rating: Good**

## Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	21
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
Interviews with patients	We spoke with seven patients during the inspection. They told us that staff treated them with kindness and respect.
CQC Comment Cards	Twenty-two comment cards were completed by patients. All of the comment cards contained positive comments about the service provided. Staff were described as caring, kind and respectful. Two particular members of staff were mentioned in respect of the support they had given to individuals.
NHS Choices	One review had been posted on NHS Choices in May 2018. This person reported that they had received a good service from the doctors and nurses. The practice had responded to this comment.

## 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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4700	308	117	38%	2.49%

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)	83.8%	86.7%	89.0%	No statistical variation
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)	89.7%	85.6%	87.4%	No statistical variation
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)	97.1%	95.1%	95.6%	No statistical variation
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)	89.2%	81.6%	83.8%	No statistical variation

### Any additional evidence or comments

The practice had reviewed the results from the National GP survey published in July 2018. The report identified what the practice did well, what changes the practice had made and how they had impacted on the overall results and two areas for improvement. These two areas related to awareness of on-line services and care plans. The practice planned to continue to advertise on-line services and ensure that patients were given a copy of any care plans relating to them.

### Question

Y/N

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

Yes

### Any additional evidence

- **August 2018:** Two members of the patient participation group (PPG) spent time speaking with patients waiting for appointments. A number of suggestions were made to the practice following this exercise and each one was answered, detailing whether it was possible to take action or not. Some suggestions were outside the gift of the practice. For example, relocating the car park gates as the building and car park belonged to NHS Property Services. Other suggestions had been actioned, for example, additional on-line minor illness appointments had been made available.
- The practice also asked patients to complete questionnaires for individual GPs.
- The provider also carried out patient satisfaction surveys specifically for patients who attended for minor surgery.

### Involvement in decisions about care and treatment

**Staff helped patients to be involved in decisions about care and treatment.**

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	We spoke with seven patients who informed us the GPs and nurses fully engaged them in their treatment and care decisions. All spoke highly of the staff and their professionalism.
CQC Comments	Positive comments included that the doctors take time to listen, the doctors always

Cards	empathise and listen throughout the appointment time and listen to concerns and give good advice.
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## 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)	95.4%	91.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>One comment card made reference to booking an interpreter, which had greatly improved the patient's experience when attending the practice.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice population on the day of the inspection was 4700 and the carer number was 40. This represented 0.85% of the practice population.
How the practice supported carers.	New patients were asked at registration and existing patients through noticed in the practice if they were a carer or had a carer. Carers were coded on the electronic notes and offered a health check, annual flu vaccination and a referral to the Walsall Carers Centre.
How the practice supported recently bereaved patients.	<p>All staff were informed of patient deaths. The practice also notified the nominated pharmacy (if appropriate) and IT support system to ensure that all hospital appointments were cancelled. They also sent a bereavement pack to the family, which contained a card, telephone numbers for support organisations and what to do next, such as registering the death.</p> <p>One patient who we spoke with and one CQC comment card referred to the support that the practice had provided to them following a bereavement.</p>

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
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
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice promoted privacy with signs asking patients to respect each other's privacy space whilst at the reception desk. The seating area for the practice was located away from the reception desk.</li></ul>	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

**The practice organised and delivered services to meet patients' needs.**

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice provided a minor surgery service, which included non-scalpel vasectomies, carpal tunnel decompression and removal of lumps, moles and blemishes for patients registered at the practice.</li> <li>The practice offered a range of services to privately funded patients, including general consultations, minor surgery and women's health including family planning.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 1pm
Appointments available: GPs	
Monday	9.30am to 12 noon / 2.30pm to 5pm
Tuesday	9.30am to 12.15 / 4.15pm to 6.30pm
Wednesday	10am to 12 noon / 3pm to 6pm
Thursday	10am to 12.30pm / 3.30pm to 6pm
Friday	8.30am to 11 am
Appointments available: Advanced Nurse Practitioner	
Monday	9.30am to 1.30pm / 2pm to 5.30pm
Tuesday	8am to 12.20pm / 1pm to 2.30pm

Wednesday	8am to 12 noon / 12.30pm to 2.30pm
Thursday	8am to 2.30pm
Friday	8am to 12.30pm

Patients also had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.

Extra GP appointments were available between:

- 6.30pm – 9pm weekdays (all four hubs)
- 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice)
- 11am – 1.30pm Bank Holidays (all four hubs)

Appointments could be booked by calling 01922 501999 during the following times:

- 8am – 9pm weekdays
- 10am – 3pm weekends
- 11am – 1.30pm bank holidays

NHS 111 were also able to book appointments for patients.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4700	308	117	38%	2.49%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.7%	94.2%	94.8%	No statistical variation

### Any additional evidence or comments

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Local pharmacies offered a medicines delivery service for housebound patients.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided in-house electrocardiogram (ECG) which is a simple test that can be used to check the heart's rhythm and electrical activity.
- The practice provided in house Spirometry. (Spirometry is a simple test used to help diagnose and monitor certain lung conditions).
- The practice carried out admission avoidance planning and supported patients through education, pre-emptive medicines and co-ordination with community services via the community matron.



## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Appointments with the advanced nurse practitioner or the practice nurse were available from 8am Monday to Friday.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under 5 years were offered a same day appointment when necessary.
- The practice was mindful of the needs of young people. The practice actively informed children turning 13 years about the online services available, including online queries through the practice website.
- The practice had made three referrals for Gender Dysphoria in recent years.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations and access to the extended hours hub for evening and weekend appointments.
- Appointments with the advanced nurse practitioner or the practice nurse were available from 8am Monday to Friday.

**People whose circumstances make them vulnerable**  
**group rating: Good**

**Population**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and asylum seeker, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- One of the GPs had undertaken additional training and worked closely with the local substance misuse team to provide an inhouse service for patients who needed support.
- The practice had signed up to the IRIS project (Identification and Referral to Improve Safety). The IRIS project enabled GPs to identify patients affected by domestic violence and abuse and refer them to specialist services.
- Staff referred patients who were at risk of social isolation to Making Connections Walsall (a social prescribing service).

**People experiencing poor mental health (including people with dementia)**  
**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Information about a range of support organisations on display in the waiting area.
- A member of staff shared responsibility as the dementia care lead, and supported patients with dementia and their carers.

## Timely access to the service

### People were to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Home visits were booked following a clinical decision and assessment by the GP. GPs were available to staff for advice.</li> </ul>	

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)	83.6%	71.7%	70.3%	N/A
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)	77.2%	67.2%	68.6%	No statistical variation
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)	83.6%	65.1%	65.9%	No statistical variation
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)	81.5%	71.1%	74.4%	No statistical variation

### Any additional evidence or comments

The practice had reviewed the results from the National GP survey published in July 2018. The report identified what the practice did well, what changes the practice had made and how they had impacted on the overall results and two areas for improvement. One area for improvement related to awareness of on-line services. The practice planned to continue to advertise the on-line services.

Source	Feedback
CQC Comment Cards	One comment card referred to reception staff asking the reason for the appointment. None of the comment cards made negative comments regarding appointments and two comment cards mentioned being able to get prompt appointments.
Patient interviews	We spoke with seven patients who told us they could get appointments when they needed them.
Care Home Staff	We spoke with staff from three care homes. They spoke positively about the service the practice provided and that the GPs were responsive when they requested visits to review patients.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Information about how to make a complaint was displayed on the notice board and on the website. Complaints leaflets and forms were readily available.</li> <li>We saw that complaints were routinely discussed with all staff at practice meetings.</li> </ul>	

### Example(s) of learning from complaints.

Complaint	Specific action taken
Patient contacted practice several times for blood results, which were not available.	<p>The blood test had been requested by secondary care and taken at the hospital. Results requested by secondary care were not automatically shared with the patient's GP. The patient was not informed of this by either secondary care or practice staff. The first time the patient rang they were told the results were not available and to phone back on the Friday. When they phoned on Friday, they were told results were not given out on Fridays.</p> <p>The practice investigated the complaint and accessed the hospital system to obtain the blood results. They contacted the patient to share the results.</p> <p>All staff were reminded to chase up for blood results if they have not been received in a timely manner and access the hospital system to check, rather than say the results are not available.</p>

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The clinical staff and the practice manager aimed to hold weekly clinical meetings, especially when there was a registrar working at the practice.</li><li>• Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.</li><li>• Staff were encouraged to discuss any issues or complex cases and to offer and receive peer support.</li><li>• There were clear lines of responsibility within the management team and between the clinicians.</li></ul>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice vision was to provide excellence in clinical care, treat patients with dignity and respect, promote an atmosphere of teamwork, transparency and values, offer specialist service and teaching and active learning.</li></ul>	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> <li>Staff were aware of their whistleblowing policy and that they could also raise any concerns with an external agency if necessary.</li> </ul>	

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

Source	Feedback
Interviews with staff	Staff told us they were proud of the practice as a place to work and spoke highly of the culture. They reported they felt respected and valued.
External: Community Teams	The practice met regularly with the community teams such as District Nurses, Palliative Care Nurses, specialist community nurses and community matrons to co-ordinate and plan care to some of the practice's most vulnerable patients.
Patient Participation Group (PPG)	<p>The PPG enabled the practice to discuss developments with patient representatives and to receive feedback to support changes within the service.</p> <p>The PPG had supported the practice to obtain patient views by being available in the waiting room to speak with patients.</p>

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• All staff attended the monthly practice meetings, which was the forum at which significant events analyses, safety alerts, complaints, compliments, new policies and procedures were discussed as well as feedback from external audits.</li><li>• Communication was effective and organised through structured, minuted meetings.</li><li>• There were clear lines of accountability in relation to administrative workflow processes, safeguarding, infection control, recall systems, performance data and clinical governance.</li></ul>	



## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The provider carried out patient satisfaction surveys specifically for patients who attended for minor surgery. The clinical staff involved in the minor surgery service also attended the Association of Surgeons in Primary Care (ASPC) annual conference, where results from across the country were compared and discussed.</li> <li>We saw that one of the GP Partners carried out regular reviews of the advanced nurse practitioner's (ANP) consultations and provided feedback. The ANP reflected and commented on the feedback given.</li> <li>The practice undertook a range of audits. A number of audits related to the running of the practice, for example: management of clinical correspondence, safeguarding audits to identify children reaching 18 years and moving into adult services, avoiding unplanned admissions and available appointments.</li> </ul>	

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Explanation of any answers and additional evidence:

## Engagement with patients, the public, staff and external partners

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice carried out a staff survey in August 2018. The majority of staff who responded said they were happy or satisfied at work. A number of suggestions were discussed at a staff meeting, including introducing a task board and completion of staff training to provide cover for staff absences.</li><li>• The practice attended regular meetings with the medicines management team to ensure cost effective prescribing.</li></ul>	

### Feedback from Patient Participation Group.

Feedback
We met with three members of the patient participation group. PPG meetings were held every three months and attended by representatives from the practice. The PPG reported that the practice listened to views whether positive or negative and made changes wherever possible. They had supported the practice to obtain patient views by being available in the waiting room to speak with patients.

### Any additional evidence

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

## Examples of continuous learning and improvement

- Staff had undertaken additional training to become an IRIS (Identification and Referral to Improve Safety) trained practice.
- The practice is a Veteran Friendly Practice.
- The practice was a teaching and training practice for GP Registrars and a teaching practice for medical students to gain experience in general practice and family medicine. Both GP partners had completed additional training to become GP trainers.
- The practice had protected learning sessions once a month, during which a range of learning topics were covered.
- Ongoing audits related to the day to day running of the practice.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.