

Care Quality Commission

Inspection Evidence Table

Mundesley Medical Centre (1-570222964)

Inspection date: **11 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 Improvement

Rating: Requires

We rated the practice as requires improvement for providing safe services because:

- The practice had not completed a fire risk assessment since November 2015. After the inspection, the practice sent us an updated fire risk assessment.
- The practice had not completed a full infection prevention and control audit. The practice had completed spot checks in December 2018 for clinical rooms to ensure these met appropriate standards. These audits did not include non-clinical areas such as the waiting room or staff room. After the inspection, the provider informed us they would allocate time every month for further audits to be completed.
- Staff logged prescription pads in and they were stored securely, however they did not monitor their use. After the inspection, the practice informed us they had contacted the Clinical Commissioning Group to ask for advice on how to appropriately monitor prescription stationary.
- Patient Group Directions (PGDs) had not been authorised by an appropriate person. The practice acted on this immediately and signed them on the day of inspection.
- Staff were knowledgeable about the dispensing processes, however not all staff had signed the Standard Operating Procedures to confirm they had read and understood them.
- The practice did not have full oversight of all safety alerts, however we found the alerts we checked had been actioned. On the day of inspection, the practice set up a log to monitor alerts and actions taken.

Safety systems and processes

The practice had some 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
Explanation of any answers and additional evidence: The practice had a process in place to highlight any patients the staff had concerns about. Patients were discussed in clinical meetings each month to monitor any safety issues and could be escalated to a safeguarding concern if required.	

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:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 4 July 2018

There was a record of equipment calibration. Date of last calibration:	Yes 4 July 2018
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:	Yes August 2018
There was a log of fire drills. Date of last drill:	Yes March 2018
There was a record of fire alarm checks. Date of last check:	Yes June 2018
There was a record of fire training for staff.	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Partial November 2015
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had not completed a fire risk assessment since November 2015. However, the practice completed daily inspections of fire exits, weekly checks of fire extinguishers and regularly checked the fire alarms and door stops to ensure these were in good working order. The practice also had an annual check from an external company for extinguishers, emergency lighting and fire alarms. After the inspection, the practice sent us an updated fire risk assessment.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 8 August 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 8 August 2018
Explanation of any answers and additional evidence: The health and safety risk assessment had been completed for the main and branch surgeries.	

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 audit:	December 2018*
The practice had acted on any issues identified in infection prevention and control spot checks.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had not completed a full infection prevention and control audit. The practice had completed spot checks in December 2018 for clinical rooms to ensure these met appropriate standards. This included a review of work surfaces and equipment, examination couches and chairs, floors and sinks. Identified actions included a damaged seat which had a maintenance sheet completed. These audits did not include non-clinical areas such as the waiting room or staff room. After the inspection, the provider informed us they would allocate time every month for further audits to be completed. There were cleaning schedules in place for the practice and for equipment such as ear-irrigation machines.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>All non-clinical staff had received training in managing sepsis during a practice away day in May 2018.</p>	

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)	1.22	1.04	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)	10.8%	10.6%	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	Partial

Medicines management	Y/N/Partial
guidance.	
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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 checks and disposal of these medicines, which were in line with national guidance.	Yes
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.	Yes
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> <p>Staff logged prescription stationary in and they were stored securely. The box being used was recorded, as well as the date the box was opened. Blank prescription papers were issues to GPs via wallets, however there was no record of how many were placed in to the wallet. At the end of each day, the wallets were returned. After the inspection, the practice informed us they had contacted the Clinical Commissioning Group to ask for advice on how to appropriately monitor prescription stationary.</p> <p>Patient Group Directions (PGDs) were in date and signed by nursing staff and staff were competent and trained to deliver injections and immunisations. However, these had not been formally authorised. The practice acted on this immediately and signed them on the day of inspection. The practice reported a</p>	

Medicines management	Y/N/Partial
partner who had left this year had signed PGDs previously and this had been an oversight. After the inspection, they reported nursing staff would bring any new PGDs to clinical meetings for discussion and signing by a GP. Patient Specific Directions (PSDs) were signed in patients notes prior to any intervention.	
The practice had an effective system to monitor patients on a range of medicines, including high risk medicines. This included monthly searches and recalls for patients due a blood test. We found no patients were overdue a blood test on the day of inspection for all of the medicines they monitored.	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	Partial
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services: Standard operating procedures (SOPs) were available on the intranet system utilised by the practice. Staff were aware of these and there was no evidence staff were working outside of the SOPs. Staff were knowledgeable about the dispensing processes, however not all staff had signed the SOPs to confirm they had read and understood them.	

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:	66
Number of events that required action:	66
Explanation of any answers and additional evidence: The Clinical Commissioning Group (CCG) reported that the practice was very proactive with reporting serious incidents to them and managed incidents well. They reported the practice were engaged with the process and open and honest when incidents did happen.	

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

Event	Specific action taken
A patient had called with symptoms of a medical emergency. Staff appropriately advised the patient to call an ambulance. An ambulance did not arrive for a prolonged period of time.	The template on the clinical system has been updated to add a prompt to ask patients to call back if an ambulance as not arrived within one hour.
A patient had been given an incorrect appointment slip and had been given one for a patient with a similar sounding name.	Reception staff discussed the event and implemented a system whereby address and date of birth were checked prior to booking appointments.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Safety alerts were distributed to all clinicians and searches were run by the dispensary manager for any appropriate alerts. We looked at three recent searches and found these had been appropriately managed and actioned. However, the practice did not have full oversight of all alerts. On the day of inspection, the practice set up a log to monitor alerts and actions taken.	

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:	

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)	1.26	1.23	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. 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 called all patients discharged from hospital to identify if there were any further needs. A lead GP at the practice had a diploma in geriatric medicine and had won an award for GP of the year in the Eastern Region. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. A nurse within the practice had won an award in 2017 for practice nurse of the year. This included for work that had been completed on the management of patients with COPD.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 blood pressure machines to monitor their blood pressure at home.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had an effective recall system which included sending letters, emails and text messages depending on the patients preferred method of communication. For patients with certain conditions and for some vulnerable patients, the practice phoned to remind them of appointments or check why appointments had not been attended.

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)	89.1%	81.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	25.7% (117)	18.1%	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)	91.2%	78.7%	77.7%	Variation (positive)
Exception rate (number of exceptions).	10.1% (46)	11.8%	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)	90.5%	81.9%	80.1%	Variation (positive)
Exception rate (number of exceptions).	23.9% (109)	18.1%	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)	77.0%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (8)	9.3%	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)	92.2%	93.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.6% (20)	13.6%	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)	87.3%	85.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (42)	4.5%	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)	90.0%	92.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.5% (34)	9.7%	6.7%	N/A

Any additional evidence or comments

We reviewed the system for exception reporting within the practice. All patients had three letters to invite them for a review. If patients did not respond to this letter, they were discussed in the clinical meeting. Patients may be called or contacted again prior to the exception code being added. We reviewed the records of some patients that were excepted and found this was done appropriately.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.
- 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. Children that had not attended an appointment were automatically discussed at the next practice safeguarding meeting.
- Young people could access services for sexual health and contraception.
- Midwives were available on site. This was important for patients due to the rural location of the practice and limited transport.

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)	34	36	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	32	33	97.0%	Met 95% WHO based target (significant variation positive)
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)	32	33	97.0%	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)	32	33	97.0%	Met 95% WHO based target (significant variation positive)

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.
- 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)	79.9%	77.5%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.5%	79.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.3%	63.7%	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)	63.1%	66.9%	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)	35.2%	50.7%	51.6%	No statistical variation

Any additional evidence or comments

We reviewed data relating to cancer cases and referrals by the practice. The practice was aware of their lower than average performance in this area. Due to a small population, the practice felt the numbers could be skewed and regularly discussed their QOF performance in clinical meetings. We reviewed some patients with a diagnosis of cancer, as well as two week wait referrals and found these were managed appropriately.

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 those with a learning disability. The practice had 133 patients registered with a learning disability. Since April 2018, 47 patients had completed an annual health review, 4 had declined and 35 were registered at a local care home. The practice had booked in to do the health checks at the home, however the home experienced a widespread virus and therefore the reviews could not be completed. These are scheduled to be completed. All other patients were pending their review and were due to be seen by the end of March 2019.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice reviewed patients at local residential homes, including at a local home for patients with a learning disability.
- The practice had a system to call all patients who missed a secondary care appointment to assess the reasons why appointments were missed and to re-book where possible.

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.
- The practice had identified that their management of mental health patients was not as effective as they had wanted it to be at a meeting in May 2018. As a result of this, the practice had applied for funding for a mental health nurse and were successful. This post was implemented in October 2018 and had been made permanent. The practice had reviewed referrals made by the nurse and found 100% had been accepted by secondary care and mental health services, whereas this had not been the case for referrals made by GPs prior to the nurse starting in post.
- 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.
- 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.
- Dispensary staff were trained to complete dementia assessments. If there are concerns raised from this, they book an appointment with the GP to have a formal assessment.

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)	97.4%	93.7%	89.5%	No statistical variation

Exception rate (number of exceptions).	25.5% (13)	25.8%	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)	100.0%	91.9%	90.0%	Variation (positive)
Exception rate (number of exceptions).	17.6% (9)	20.3%	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)	87.1%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.6% (8)	9.1%	6.6%	N/A

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)	7.6%	6.4%	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

<ul style="list-style-type: none"> The practice had completed an audit on the diagnosis of urinary tract infections (UTI) using dip sticks and urine cultures and to assess antibiotic prescribing using Public Health England guidance on the diagnosis and antibiotic treatment. The practice found compliance with the Public Health England UTI diagnostic guide was 67.5%. Compliance with the Primary Care guidance was 89.7%. On the second audit, compliance with Public Health England guidance had improved by 15%. The practice had completed an audit to check whether patients that had been diagnosed as having a stroke or transient ischaemic attack (TIA) had been given appropriate anti-coagulation (blood thinning) therapy. A total of five patients were incorrectly coded with TIA or stroke, which equates to 2.6% of the total cohort. These patients were not taking any anti-coagulation medication and removed from the audit. Four patients had passed away and the death was not related to previous
--

TIA or stroke and all four were on the appropriate medication. 8.8 % of patients were not being correctly treated at the start of this audit and by commencing treatment this had reduced so far to 5.5%.

Any additional evidence or comments

The management team had supported a member of the team to commence a new job role of managers assistant. Part of this role was to gain a full overview of all audits that were completed within the practice. A log has been created to give an overview of audits that have been completed and when re-audits are required. The member of staff checked meeting minutes to ensure any audits that have been highlighted were completed. This system had improved the management of audits and the accessibility of them for all staff within the practice and had led to improvements.

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.	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.	Partial
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence: Staff had completed appraisals within the last two years. The management team had recognised the need to increase appraisals and had promoted staff to be able to allow for more capacity for these to be completed. We spoke with staff who reported it was easy to access the management team, raise any issues and request training.	

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
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)	97.7%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (3)	0.5%	0.8%	N/A

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:	

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.	13
Number of CQC comments received which were positive about the service.	12
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
Healthwatch	The practice had received 63 reviews on the Healthwatch Norfolk website. Overall, the practice had a 4.5 star rating out of five. The practice was proactive in reviewing the reviews on Healthwatch. There were several positive comments regarding the service, including comments such as: <ul style="list-style-type: none"> • “The care is brilliant.” • “I get great care here, I have never had any problems.” • “Everyone is nice and friendly... great personalities.”
CQC comment cards	Comments we received were positive about the staff at the practice. For example: <ul style="list-style-type: none"> • “I have always been treated with respect and dignity.” • “Nothing is too much trouble; the staff are very caring.” • “Very kind and thoughtful staff.”
Friends and Family test	For the last 12 months, 94% of patients would recommend the surgery. The practice had reviewed the information provided from the friends and family test.

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
5693	230	110	47.8%	1.93%

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)	89.1%	93.0%	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)	87.5%	90.6%	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)	96.2%	97.0%	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)	95.1%	88.6%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No*

Any additional evidence
Although the practice did not carry out their own survey, they did utilise many forms of patient feedback to inform their services. This included regularly reviewing the GP Patient Survey, friends and family test, NHS choices, Healthwatch and compliments and complaints.

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
CQC comment cards	<p>We received 12 positive comment cards. Some comments related to the care and treatment received, such as:</p> <ul style="list-style-type: none"> • “I always feel listened to and I feel reassured I received the right care and treatment.” • “Delighted and reassured by the treatment received.” • “Staff take the time to investigate everything.”

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)	97.6%	95.3%	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:	
A member of staff had been trained in how to make leaflets and other information easy read for patients. This had been utilised within the practice and ensured all patients could access pertinent information in a	

way that was suitable for them.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 268 patients as carers, which was approximately 4.7% of the patient population.
How the practice supported carers.	The practice had recently held an open day for patients which had information on a variety of topics. The practice had invited Norfolk Family Carers to attend this event to give information to patients. They also had leaflets in the waiting room and were knowledgeable about local support groups for carers.
How the practice supported recently bereaved patients.	The practice contacted any patients recently bereaved and offered them support and guidance and signposted patients to local support groups.

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: The practice had developed a poster for the waiting room including information on respecting staff and patients, turning headphones down, asking for water if required, do not take photographs, putting electronic devices on silent and putting waste in the bin. This was designed to support privacy and dignity within the waiting room.	

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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Appointments available at the Bacton branch:	
Wednesday	11.15am on alternate Wednesdays until the end of patient appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5693	230	110	47.8%	1.93%

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	96.5%	96.6%	94.8%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				

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.
- The practice completed regular visits to a local care home and held annual meetings with care home managers in order to discuss any issues and address changes that were required.
- There was a medicines delivery service for patients.
- Due to the implementation of a new appointments system, patients were able to access 20 minute appointments with GPs routinely.

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.

Families, children and young people

Population group rating: Good

Findings

- The practice offered an emergency clinic after school for patients to utilise to ensure access is available for patients in this population group.
- 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 were offered a same day appointment when necessary.
- The practice had made a leaflet for young people providing information and advice.

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.
- The practice was open from 8am to 6pm on Mondays to Fridays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice regularly gave a greeting card to a patient who found immunisations and injections difficult. This had improved the rapport with the patient.
- All new patients were required to have a registration appointment which was utilised to identify any vulnerable patients.
- A member of staff had been trained in how to make information easy read and this was utilised for many patients, including vulnerable patients.

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

Findings

- 40 minute appointments were offered for assessments of patients with mental health needs with the specialist mental health nurse.
- 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.
- Many staff within the practice were trained as dementia friends.

Timely access to the service

People were able 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had completed the Productive GP Programme and an element of this related to appointments. The practice found that 70% of GP appointments could have been effectively managed by a nurse. As a result of this audit, the practice had implemented a new nursing led triage, assessment and treatment system. If a patient required a GP appointment, they were booked in with a GP. We found the new system had been communicated to patients via an open day held at the practice, as well as the patient newsletter and leaflet.</p>	

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)	98.9%	75.8%	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)	86.2%	73.6%	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)	77.0%	71.0%	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)	88.2%	78.7%	74.4%	No statistical variation

Source	Feedback
CQC comment cards	We had 13 comment cards, all of which had positive comments on. One comment card had both positive and negative comments on, which related to difficulty getting an appointment with a GP. However, another comment card reported they could always get an appointment.

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.	22
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	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: The practice recorded written and verbal complaints, as well as positive feedback. We saw evidence that complaints were discussed with staff where appropriate and utilised to change practice.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was unhappy that a GP had reported some concerns to an outside agency.	The GP wrote to the patient and apologised for any distressed caused. The GP discussed the case with the patient's consultant and was able to propose a solution.
A patient was unhappy that test results had been given over the phone.	Patient was apologised to and offered a telephone consultation with a doctor to discuss. The complaint was discussed at clinical and reception meetings. The practice agreed that when reception contact patients with results, they should always be offered a routine appointment with a GP to discuss things further if they wish. The reception protocol was updated.

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: The practice had two long serving GP partners retire in 2018. Planning had started earlier in 2018 to address the vacancies, however the practice had found it difficult to recruit GPs. To overcome this, the practice had been proactive in recruiting nursing staff and had upskilled many members of staff to enhance the skill mix available to meet patient demand. They had also changed the appointments system to a nurse led triage, assessment and treatment system with GPs available to support. Patients who required a GP appointment were able to book them.	

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: The practice produced a regular newsletter four times per year in order to inform patients of changes within the practice. For example, the latest newsletter produced in November 2018 was utilised to inform patients about the new mental health nurse and the service they could provide. Patients we spoke to reported they felt well engaged with the practice and the changes happening.	

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	Yes

values.	
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: Staff were able to give examples where they had been supported by the practice, for example with maternity leave. Staff reported the leaders within the practice had been accommodating during maternity leave and had re-arranged the hours worked to enable staff to work within school hours.	

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

Source	Feedback
Staff interviews	Many staff had worked in the practice for a number of years and staff reported there was a strong team ethos and commitment to providing high quality care. Staff felt able to raise any concerns and reported working within the practice was a positive experience, with many staff saying it felt like a family. Staff reported they were able to instigate change and that leaders encouraged them to develop professionally.

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:	

Managing risks, issues and performance

There were 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.	Partial
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: The practice had not completed a fire risk assessment since 2015, however they did manage risks around fire safety. After the inspection, the practice sent evidence that the risk assessment had been reviewed. The practice had not completed audits for infection prevention and control for non-clinical areas such as waiting rooms. After the inspection, the practice informed us they would book specific time for this to be completed. We found prescription pads were not appropriately monitored, however the practice asked for advice from the CCG after the inspection.	

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.	Partial
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: We found Patient Group Directions (PGDs) had not been authorised on the day of inspection, however nursing staff had signed them. Staff acted on this immediately and authorised the PGDs. Staff recognised that due to a partner leaving who had previously authorised them, this had been an oversight. Staff were appropriately trained and competent to carry out immunisations and vaccines.	

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: We spoke with external agencies prior to the inspection who reported the practice was performing well and regularly liaised with them regarding local pilots and serious incidents.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group reported that they felt involved in the changes within the practice and were kept up to date by the practice. For example, the group were aware of the funding and new post of a mental health specialist nurse. The group also received regular talks from external organisations. For example, at a recent meeting, a speaker from the Help Hub from the council attended to speak to the group about social prescribing. The group had been involved in the ordering of signage suitable for patients with dementia to make the practice more accessible. The practice was open regarding feedback and discussed the family and friends test results regularly during meetings. The group were invited to write or suggest health related topics for the patient newsletter.

Continuous improvement and innovation

There were / there was little 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: The practice was keen to implement innovative solutions to healthcare issues. For example, due to difficulties in recruiting GPs, the practice had upskilled nursing staff and re-designed their appointment system to have a nurse led triage, assessment and treatment clinic. This was due to an audit that found 70% of the practice appointments seen by a GP could have been dealt with by a nurse. Patients requiring GP input were booked in with a GP.	

Examples of continuous learning and improvement

The practice had secured funding for a mental health specialist nurse. This had been recognised as a

potential for improvement at the practice meeting in May 2018. Due to how successful the post had been, the practice had made the post permanent.

The practice also took on apprentices and there was a reception apprentice working at the practice at the time of our inspection. The practice tried where possible to upskill staff also included supporting two healthcare assistants to complete foundation degrees in healthcare.

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.