

Care Quality Commission

Inspection Evidence Table

Cranleigh Gardens Medical Centre (1-569891316)

Inspection date: 5 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: Requires improvement

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider was aware that practitioners had not completed the necessary safeguarding adults at risk training (in line with national guidance). Evidence to demonstrate staff had received Prevent training was not available. Not all staff had Mental Capacity Act training documented as complete within the most recent training spreadsheet.</p> <p>The practice had a 'concerns list' which enabled all to staff to add patients if they had concerns. These patients were discussed at the bi-monthly safeguarding meetings and if necessary were added to registers for vulnerable patients or those at risk of or experiencing abuse.</p> <p>The practice had a 'under the radar' register for those children who may be in need of extra support or families where there were additional concerns regarding health and wellbeing.</p> <p>We reviewed minutes from safeguarding meetings. We found actions and the person tasked with actions were not recorded within the minutes or patient records. During inspection, the practice confirmed they had changed to the same process for palliative care meetings which enabled actions to be recorded within the risk register and automatically populated within patient records.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All staff had a complete immunisation record. The practice had ensured that staff who were out of date with vaccination against infectious diseases had received updates. 	

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: Risk assessment completed in June 2017	Y
There was a record of equipment calibration. Date of last calibration: October 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: February 2018	Y
There was a log of fire drills. Date of last drill: September 2018	Y
There was a record of fire alarm checks. Date of last check: Weekly	Y
There was a record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: December 2014	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had an external company that provided documentation required for health and safety. This included advise in-line with the Health and Safety Executive around PAT testing. The practice had a risk assessment for PAT testing which they reviewed annually. • Fire extinguisher checks underwent an external annual assessment. A weekly check, including checks for emergency lighting, fire alarm testing and other fire equipment was in place. • Fire drills were undertaken six-monthly. At the branch surgery there was clear additional training for staff in the procedures to follow in case of fire. • Fire training was provided through the practice's e-learning system. All staff had received training. • An initial fire risk assessment was completed in 2014. The practice undertook annual reviews of the assessment and any completed actions. In November 2018 Avon and Somerset Fire Service had completed an unannounced visit. They assessed the practice fire safety management as good. Following the assessment, the practice acted to install additional emergency exit signs. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had named clinical and non-clinical leads for health and safety. All staff had undertaken health and safety training. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, electrical wiring testing and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). Weekly processes were in place to reduce Legionella risk. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: June 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All clinical staff had protected time following each session to clean equipment. Following implementation of new recording system for individual room cleaning they carried out an audit to assess compliance. Following this education sessions were used to stress importance of the room cleaning schedule and recording of completion of the task. The audit cycle was repeated a month later and showed significant improvement in compliance. Actions from the infection prevention and control audit had been completed. For example, hand washing posters had been updated in key areas and a cleaning schedule for the emergency trolley was in place. The practice contracted a cleaning company to clean the premises. Cleaning schedules were maintained and checked by the provider. 	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had undertaken a quality improvement project around Sepsis identification and management in response to changes in national guidance. This included presentations to clinical staff regarding identification and management of suspected sepsis. They introduced useful identification tools for quick reference including laminated NEWS2 scoring charts and desktop links to Sepsis UK website for guidance for at risk groups. 	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

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)	0.80	0.90	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)	4.0%	4.8%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Partial
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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	N/A

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.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice could demonstrate the prescribing competence of non-medical prescribers however, a formal process such as clinical supervision was not in place. Following inspection, we were told the nurse practitioner undertook regular self-directed peer supervision with another nurse practitioner. 	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
Number of events that required action:	13
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • New significant events and incidents were discussed in the daily huddle. These were documented and accessible to staff not in attendance. • All significant events were discussed at partner meetings. Any learning and actions were shared within practice meetings and where necessary the clinical commissioning group and local GP practices. • An annual review of all significant events took place. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Delayed emergency ambulance response	<p>Following a delay in an emergency response from the ambulance service in which a person was seriously unwell, the practice invited the head of the ambulance Trust to the practice to discuss the incident.</p> <p>The practice amended its emergency policy: when a clinician phones for an emergency response a mobile phone number is provided to the ambulance service which enables paramedics to call the clinician directly. This reduced delays such as accessing the main phone or a clinician not disturbed as they were with a patient.</p> <p>They reviewed the emergency equipment held at the practice and as a result increased the stock of intravenous fluid equipment.</p>
Lapse of practice nurse registration	<p>One practice nurse had problems when renewing their registration to practice and were unaware the registration had not been renewed. The practice took the appropriate action as they stopped the nurse from seeing patients. The practice reviewed and recorded dates of registration renewal for all clinicians. To prevent the issue from arising again administrative staff are tasked with quarterly checks to establish if re-registration or revalidation is due to expire.</p>

Wrong medicine dose given to patient	A receptionist was instructed to advise a patient to change the prescribed dose of medicines to prevent blood clotting. There was a miscommunication with the staff member advising the patient to take the wrong dosage.
--------------------------------------	---

Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Partial
Staff understood how to deal with alerts.		Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a system to disseminate and record safety alerts. The system did not log the person with responsibility for managing the alert or any action taken. During inspection, the practice provided an updated system which captured the management of future alerts. 		

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a comprehensive visit plan for reviews of housebound patients. Easy-read check-lists were in place to ensure clinicians followed procedures. For example, a surgical safety check-list provided prompts around consent, considerations around a procedure such as medical conditions which may affect the procedure and post-operative considerations such as accurate labelling of specimens. The practice had a number of meetings which allowed sharing of information, review of best practice guidance and peer reviews such as the three-monthly respiratory meeting. 	

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)	0.58	0.69	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- 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.

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.
- Prior to the review respiratory patients were asked to complete a questionnaire about their current health condition. This allowed practice nurses to measure current impact of the condition and help to improve the management of the condition.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice 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.
- The practice had recently purchased three devices for remote patient monitoring of patients presenting with an irregular heartbeat. Patients took the devices home to enable recording of abnormal heartbeats such as atrial fibrillation.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Virtual clinics were held with specialist clinicians to enable discussion of the management of complex patients.

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)	85.8%	69.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	29.3% (164)	7.3%	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)	82.6%	67.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.7% (43)	6.1%	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)	82.2%	75.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.8% (77)	10.7%	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)	72.0%	61.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	22.0% (130)	6.9%	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)	91.8%	68.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	14.9% (30)	7.1%	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	83.8%	76.3%	82.6%	No statistical variation

less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.0% (32)	3.6%	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)	84.0%	86.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (9)	3.8%	6.7%	N/A

Any additional evidence or comments

Exception reporting is intended to allow practices to “achieve” quality improvement indicators without being penalised for patient specific clinical circumstances or other reasons beyond the practices control. We reviewed exception rates for some conditions indicators were higher than the national average for 2017/18. We reviewed the exception reporting and found adequate rationale for all patient exclusions.

Findings

- Childhood immunisation uptake rates were above national 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.
- Young people could access services for sexual health and contraception.

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)	140	148	94.6%	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)	149	158	94.3%	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)	149	158	94.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	146	158	92.4%	Met 90% minimum (no variation)

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.
- There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	72.7%	74.2%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.4%	74.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.2%	61.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	61.3%	45.6%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	42.4%	55.2%	51.6%	No statistical variation

Any additional evidence or comments

During inspection, we reviewed current data for cervical smears as data for 20176/17 showed the practice was below the 80% Public Health England target for national screening and in line with national averages:

- Of the 2,389 patients eligible for screening 1,961 had been screened (82% of eligible patients).
- Staff whose role included taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had failsafe systems in place to encourage patients to attend screening such as alerts on patient records when a smear was due and additional invitation letters when patients did not book appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes where needed.

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 signposting for local health checks, interventions for physical activity, obesity, to 'stop smoking' services. The practice provided access to diabetes, heart disease and cancer reviews
- 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.
- 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.
- Not all staff had received dementia awareness training in the last 12 months.

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)	94.3%	39.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.1% (7)	6.6%	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)	96.9%	47.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.9% (13)	6.0%	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)	77.6%	51.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (3)	6.9%	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)	7.5%	4.0%	5.8%

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

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

Prior to inspection, the practice provided a comprehensive list of current quality improvement and audit work including annual audits. We spoke to GPs in-depth about three recent audits.

We saw that any new processes were audited for success and impact, such as workflow optimisation and changes to patient treatment following updated national guidance. Other audits included antibiotic prescribing, a chronic obstructive pulmonary disease (COPD) audit reviewing patients on medicines outside of guidelines and an audit to review patients with high cholesterol to determine if they met criteria for investigation of a genetic cholesterol disorder. The audit activity had resulted in changes to clinical management and medicines for individual patients.

The practice had recently purchased three devices for patients presenting with an irregular heartbeat. For suitable patients, with a smartphone, they could lend these devices which record heart rhythms. Patients recorded a heart rhythm trace and sent it to a dedicated email address where they were reviewed by one partner (who has a background in Cardiology).

The practice had a plan in place to audit the service and how many referrals to secondary care were avoided. They could provide examples such as a 77 year old patient with palpitations over a weekend. The following day they were taught how to use the device and within 48 hours heart rhythms indicating atrial fibrillation had been captured. The patient was prescribed relevant medicines. This demonstrated fast diagnosis and prompt treatment to reduce risk of stroke and manage symptoms.

Effective staffing

The practice was able to demonstrate 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
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: <ul style="list-style-type: none"> • We saw, except for salaried GPs, all staff had received an annual appraisal or a six-monthly probation review. The practice had a plan in place to action salaried GP appraisals from 2019. • Protected time for nurse revalidation was provided when necessary. This included time for the lead practice nurse to support nurses through the process. • The practice had a comprehensive competency based induction pack for administrative staff. It included competencies such as managing acute symptoms, 24-hour ambulatory blood pressure recording devices and tracking prescriptions. • Administrative staff were trained in other areas of work to support absences. 	

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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a health pod (blood pressure and weight machine) which enabled patients to monitor their health. The system enabled patients to choose a service such as contraceptive pill checks or high blood pressure monitoring and findings were recorded onto the patient records.• The practice took part in national screening programmes. For example, the practice has hosted the NHS abdominal aortic aneurysm (AAA) screening programme (available for all men aged 65 and over in England) for seven years. The programme identified five of the 55 registered patients who underwent screening as having a AAA. (Abdominal aortic aneurysm (AAA) is a potentially fatal swelling in the main blood vessel, the aorta).• Three GPs took part in a local half marathon. They engaged patients through waiting room displays and in discussions about the process to fitness and positive health outcomes.	

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)	94.5%	89.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (26)	1.1%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Not all relevant staff had received Mental Capacity Act (MCA) training recorded although most staff had documented Deprivation of Liberty training. This meant staff may not understand what to do when a patient lacks the capacity to make a decision and how staff should follow principles to act in a patient's best interest. Following inspection, the practice was able to evidence MCA awareness and discussions took place for all staff in March 2018 however this had not been documented on the completed training oversight document.</p> <p>The practice carried out regular audits for joint injections, minor surgery and the skin cancer service which included a review of the recording of consent.</p>	

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">As a result of patient feedback, the practice had initiated a monthly review of call recordings to review staff interaction in terms of compassion and empathy and dignity and respect.	

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards and Patient Participation Group members:	Patients told us staff are caring and under, put them at ease and gave them the right amount of time.

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
10868	274	105	38.3%	0.97%

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)	91.5%	91.6%	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)	92.8%	90.3%	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)	97.0%	97.3%	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)	84.6%	85.8%	83.8%	No statistical variation

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

Any additional evidence

We reviewed recent patient survey exercises:

- A survey of 24 patients rated their experience of seeing the emergency care practitioner with 15 patients rating the service as excellent and 12 rating it as good or very good.
- A survey of 46 returned questionnaires rating the patients experience of the skin surgery service showed 92% of respondents were pleased with the cosmetic result of the surgery and 100% felt the GP put them at ease before and during the procedure.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
CQC comment cards:	Patients told us GPs took the time to listen and to explain treatment.

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)	97.5%	95.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Those patients who required additional technology or interpreters had an alert on their records which enabled staff to book longer appointments and if required liaise with services such as British Sign Language interpreters or translators.	

Carers	Narrative
Percentage and number of carers identified.	85 carers had been identified (0.8% of the practice population).
How the practice supported carers.	The practice had two trained carers champions who contacted each newly identified carer and where necessary referred them to the local authority carers lead. They were in the process of formalising a carers directory of support services.
How the practice supported recently bereaved patients.	GPs telephoned bereaved families and where necessary followed this up with an appointment.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the branch surgery the practice had identified that consultations could be overheard when people were at reception. The system at reception was changed so patients spoke to reception within the waiting room area to maintain privacy.</p>	

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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a duty doctor system to triage patients. Where necessary there were on the day appointments available with the nurse practitioner. • The practice hosted other services such as private physiotherapy and chiropody, a pain clinic and pulmonary rehabilitation. • The practice provided a skin cancer service with one GP having additional expertise in basal cell carcinoma and complex reconstruction surgery which reduced the need for patients to wait for an out of area secondary care appointment. • They worked with the local village agent to embrace tailored social support, social prescribing and signposting. <p>Four nursing staff and 10 administrative staff could describe the Accessible Information Standard (AIS) and how this was used in the practice such as an alert on the appointment system to advise a clinician that the patient needs assistance due to a disability. The practice training system identified AIS as mandatory for staff however, only two members of staff had completed the training. (Accessible Information Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients).</p>	

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 6.30pm
Branch surgery: Monday and Thursday	8am to 12pm
Improved access:	Saturday's 1 in 4 (between 8am and 11.30am) and alternate Mondays (between 6.30pm and 8pm).
Appointments available:	
Monday	8am to 11.30 am and 3pm to 5.30pm
Tuesday	8am to 11.30 am and 3pm to 5.30pm
Wednesday	8am to 11.30 am and 3pm to 5.30pm
Thursday	8am to 11.30 am and 3pm to 5.30pm
Friday	8am to 11.30 am and 3pm to 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10868	274	105	38.3%	0.97%

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)	98.6%	95.8%	94.8%	No statistical variation

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 was committed to offering appointments at the branch surgery to improve access for older people.

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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Families, children and young people

Population group rating: Good

Findings

- 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 hosted regular Paediatric Consultant clinics.
- A contraceptive implant insertion and removal service was available.

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 until 8pm on alternate Monday's. Pre-bookable evening appointments were available to all patients at additional locations within the area, as part of the local GP federation improved access scheme. This included Saturday morning appointments. (A GP federation is a local group of GP services).
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Additional services such as flu immunisation clinics were held at weekends.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Each GP had guaranteed on the day appointments for end of life care patients. A 'red cross' added to their patient record alerted receptionists that a same day appointment was to be provided.

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.
- Each GP had guaranteed on the day appointments for patients with anxiety.

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice hosted a pain clinic (four days each week), orthotics service, pulmonary rehabilitation and a community dietician which reduced the need for patients to travel outside of the town. As a result of patient feedback, the practice had a plan in place to review staff triage of conditions and signposting patients elsewhere. These criteria were to be added to the monthly call audit process. One receptionist was allocated daily tasks which were added to the appointment system. This included sending tasks and messages to clinical staff. Completion of actions were recorded. 	

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)	88.8%	74.2%	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)	72.5%	70.7%	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)	66.9%	66.7%	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)	82.4%	78.1%	74.4%	No statistical variation

Source	Feedback
NHS Friends and Family test	Between November 2016 and October 2018 135 patients had completed the test with 106 patients (79%) stating that they were likely or extremely likely to recommend the practice to family and friends.

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.	18
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice manager had responsibility for complaint management. Complaints were highlighted at the daily huddle meetings and reviewed at partner meetings. Partners signed off on all practice responses prior to the patient receiving an outcome.	

Examples of learning from complaints.

Complaint	Specific action taken
Patient attended late for appointment and GP declined to see patient.	At patient's request, when booking an appointment an appointment card is provided detailing time and date.
Family member unhappy the practice did not phone with results of a urine sample.	Reviewed by practice, policy followed and clarification given to staff around the process.
Access through the prescription line to renew prescriptions resulted in an engaged tone.	The practice increased the availability of staff on a Monday (there busiest day).

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Clinicians took on additional roles such as the Royal College of GPs advisor for GPs with extended roles; Somerset GP recruitment champion; Health Education England national workforce ambassador and respiratory trainer for Somerset.One GP had been awarded the South West, Pulse 'rising star award' (a trainee leadership excellence award) and they founded a national online system for GPs to network and share good practice with an emphasis on supporting and developing GPs with an interest to excel in extended roles.	
The practice set up and provided a skin cancer service for the local population which included complex reconstructive surgery to support the local population.	

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.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Practice vision: To provide excellence in patient care for each individual and family. Each patient to be given care that recognises the individual.	

Practice values: Commitment to Quality Care, Respect and Dignity, Compassion and Empathy, Working Together for patients, Learning and Improving, Everyone Counts.

Practice Mission statement: Our aim is to provide all our patients with comprehensive healthcare services of the highest quality within available resources.

The practice business plan detailed action taken and progress against current areas of work and future sustainability. Plans were consistently implemented, and had a positive impact on quality and sustainability of services. The practice monitored progress against delivery of the strategy through regular meetings.

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A daily coffee break was attended by staff and visiting services. We saw the practice worked to inspire good staff morale. Staff feedback highlighted a strong team with a positive supporting ethos. 	

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

Source	Feedback
CQC inspection questionnaires:	Completed by 14 staff who told us the practice was accommodating and friendly. They felt looked after, supported and appreciated by the leadership team. Their views were listened to and acted on such as when practice nurses asked for extra time to complete some appointments. Staff told us communication between all staff was good such as the daily huddle meeting which allowed staff to raise concerns and understand any issues affecting the practice.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice held a daily 'huddle' before the practice opened. Staff were updated on daily specifics such as the duty doctor, consultation room occupants, visiting services, problems in the past 24 hours such as immunisation shortages, significant events, complaints and local out of stock medicines. The information was recorded on a board within reception and a record was available on the intranet which also recorded resolutions to problems. The huddle board included patient compliments.</p> <p>The provider had an e-learning system and supporting policy in place with regards to their mandatory training programme. At the time of inspection, they were aware of shortfalls in clinical staff completing the appropriate safeguarding training and gaps in other training records.</p>	

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.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.	

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

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
The practice implemented changes requested by the patient participation group (PPG): <ul style="list-style-type: none">• a series of films for patients to watch such as a film on prescriptions, what is a PPG and appointment booking.• signposting in the waiting area to non-medical treatments in the community, for example a walking group held at a local practice. The practice agreed to monitor referrals to the service and feedback to the PPG.• monthly numbers for patients who did not attend their appointment and the cost attributed to this.	
The practice had managed an event for the local town to promote road safety awareness. As part of the event a number of health awareness organisations attended such as Diabetes UK, Alzheimer's Society and the local fire and rescue service. The road safety presentation led to 16 patients signed up to take a road safety assessment with a Road Assured driver. A report sent to the GPs provided information on road safety and allowed for more informed decision making around a patient's fitness to drive.	

Feedback from Patient Participation Group.

Feedback

We spoke to two members of the patient participation group (PPG). They told us the practice listened to their views and had as a result made changes. For example, the branch surgery was redecorated, new furniture purchased and windows upgraded. They told us the practice regularly updated them with regards to staff changes and themes from complaints and incidents.

- The PPG produced regular patient newsletters to update the population with information about health and wellbeing such as health walks and managing the heatwave and accessible services such as on-line appointments and repeat medicine requests.
- The PPG carried out a survey in 2017. As a result of patients stating they wanted more information about dementia the PPG undertook learning with the Alzheimer's Society with a view to setting up understanding dementia sessions for patients.

Any additional evidence

- The practice held a weekly staff fitness group and weekly weight loss group.
- Some consulting rooms and offices had standing desks. (Standing up at work is proven to increase your energy levels and help your posture and weight management).

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the local population. We saw a strong focus on continuous improvement which was seen as a way for the organisation to evolve. Improvement methods and skills were used across the organisation, and staff were empowered to lead and deliver change.	

Examples of continuous learning and improvement

- One GP set up the GP & networking clinical networking website. GPs actively used the website sharing innovation and best practice nationally.
- One GP acted as the quality improvement champion for the local clinical commissioning group.
- The practice was involved in the Primary Care Collaborative Fund (GP federation led sub-committee) to bring additional healthcare to the local town. They were also partners within the GP federations development of neighbourhood plans. (A GP federation is a group of local GP practices).

- The practice had undertaken a pilot project to employ an emergency care practitioner in the practice. The benefits included faster treatment of minor injury and improved home visit times and has resulted in the practice advertising a permanent post.
- In 2018 the practice had implemented workflow optimisation. By upskilling staff to provide a centralised administrative hub they reduced time clinicians spent on administrative tasks. The team took part in regular audit and clinical oversight which demonstrated staff competency and improved management of clinical processes through accomplishment of tasks.
- One practice nurse led clinical research studies on behalf of the practice and in collaboration with the National Institute for Health Research (NIHR) which contributed to the service remaining up to date with latest developments in clinical care

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the 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.