

Care Quality Commission

Inspection Evidence Table

The Weaverham Surgery (1-562551991)

Inspection date: 17 December 2018

Date of data download: 10 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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).	Y
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>Procedures had been reviewed and updated to include information on identifying and reporting female genital mutilation (FGM), modern slavery and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities). Alerts were placed on the records of patients and their families where protection concerns had been identified. GPs had meetings with the safeguarding team and the health visiting service. The provider told us there were close links with the health visiting service who were contacted for advice and to discuss referrals.</p> <p>The practice provided training on responding to domestic violence.</p> <p>Reception staff had identified and taken action in relation to a suspected incident of modern slavery.</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> <p>We looked at a sample of four staff recruitment files.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	12/12/2018
There was a record of equipment calibration.	Y
Date of last calibration:	09/02/2018
Risk assessments were in place for any storage of hazardous substances for example,	Y

storage of chemicals.	
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y July 2018
There was a log of fire drills. Date of last drill:	Y 23/05/2018 12/12/2018
There was a record of fire alarm checks. Date of last check:	Y 31/07/2018
There was a record of fire training for staff. Date of last training:	Y Dates varied depending on completion
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 23/02/2018
Actions from the fire risk assessment were identified and completed.	Y
Health and safety	YY/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 29/11/2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 06/12/2018
Explanation of any answers and additional evidence: We examined a sample of records relating to risk assessment and premises and equipment checks. We found a thermometer which had not been calibrated in the last 12 months. This was removed from use during the inspection.	

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:	21/11/2018
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: There were clear systems in place for infection prevention and control. There were two lead clinicians who oversaw this area (GP and a practice nurse lead). The practice nurse lead carried out 3 monthly audits. An external audit had also been carried out by the Infection Prevention and Control Team in August 2018 in which the practice scored 97%. Action plans were recorded following each audit and the practice nurse was able to demonstrate that appropriate action had been taken/or was planned to address any shortfalls. The practice nurse lead also carried out audits of hand washing to ensure all staff were following the correct handwashing guidelines.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had undertaken training in awareness of sepsis and there was written guidance for staff to refer to. The clinical and non-clinical staff provided examples of how they had identified and appropriately responded to patients with suspected sepsis.</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.	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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>When a two-week referral (the two-week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible) was made an explanation was given to patients about why an urgent referral had been made and the action to be taken if an appointment was not received within two weeks. The practice received confirmation from secondary care that the referral had been received. We noted that this referral system could be made more robust by monitoring whether patients had been provided with an appointment.</p>	

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)	0.71	0.89	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)	6.9%	6.8%	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.	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.	N/A
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.	N/A
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.	Partial
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> <p>On discussion with the clinicians they were able to demonstrate why they held the range of emergency medicines available. However, a recorded risk assessment was not in place to demonstrate this.</p> <p>The practice monitored prescribing to ensure this was safe and effective. For example. the practice had audited and reviewed patients on high doses of opiates to improve patient health and ensure safe prescribing. The practice had also reviewed patients on ten or more medications to ensure appropriate prescribing.</p> <p>We identified that reviews of patients had occurred to ensure appropriate prescribing of medication in accordance with patient safety alerts. One alert we reviewed showed that a consultation and an annual review had taken place however a record had not been made of the advice given at the review. The registered manager advised that this would be addressed following the inspection by contacting the patient and ensuring they had received the appropriate advice.</p>	

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:	14

Number of events that required action:	13
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Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
999 called without consulting a GP when a patient presented at the practice for another reason but said they had chest pain. The ambulance arrived and assessed the cause of pain as muscular.	The reception team were reminded of the policy for managing acutely unwell patients. If a person, patient or not attends the practice asking for urgent help the duty GP/nurse should be contacted immediately and a plan agreed of how to manage the persons presenting condition.
Delay in samples being sent off for screening as locum GP had put them in the incorrect place.	Locum GPs advised of correct procedure to follow. Sample bag replaced as it looked very similar to the bag the locum GP had used to store the samples for collection. GPs alerted to contact patients to notify of mistake and provide further samples.
A referral to social services regarding a possible child safeguarding issue was not made within 24 hours. There was a delay of one day.	All GPs and nurses were reminded of the process to follow to ensure no delays occurred in future. The clinician concerned updated their level 3 child safeguarding training. A deputy safeguarding lead was appointed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

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

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)	0.29	0.51	0.81	Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The provider had designed a clinical tool to identify older patients who were living with moderate or severe frailty. This included links to toolkits for medication reviews and a falls assessment. Patients identified as frail received an assessment of their physical, mental health and social needs. The provider told us they had close links with the hospital frailty team. The provider referred patients to a falls assessment clinic which was based at Leighton Hospital. The practice provided the Gold Standard Care Home Scheme for patients. This scheme improved collaboration between GP and other health care services, reduced hospital admissions and improved quality of care in the final stages of life. As part of the Gold Standard Care Home Scheme the practice mentored senior staff at the care home to provide advice on best clinical pathways and support to reduce admissions to hospital and visits to accident and emergency. A weekly ward round was provided which involved shared learning, assessing high risk patients and ensuring care plans were up to date.

- 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.

People with long-term conditions

Population group rating: Good

Findings

- There were systems in place to enable patients with long-term conditions to have an 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. Staff told us how patients with long term conditions communicated directly with the nursing team in the management of their conditions.
- 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 ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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)	83.6%	82.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.6% (59)	18.7%	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)	90.7%	82.1%	77.7%	Variation (positive)
Exception rate (number of exceptions).	7.9% (37)	12.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	87.0%	78.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.3% (76)	20.1%	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)	81.6%	73.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (7)	12.3%	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)	91.7%	88.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (16)	18.3%	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)	93.5%	83.3%	82.6%	Significant Variation (positive)
Exception rate (number of exceptions).	4.2% (51)	5.5%	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)	91.6%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (14)	6.3%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: **Good**

Findings

- The provider told us there was a system in place to ensure that children received the required immunisations. When appointments were missed the practice took appropriate action by offering opportunistic immunisations, contacting parents and offering flexible appointments. The health visiting service was also contacted when appointments were missed to encourage attendance.
- Contraceptive advice, support and treatments were provided. The practice held regular clinics and told us that they had low rates of emergency contraception. Patients needing sexual health services were sign posted to appropriate services.

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)	54	55	98.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	69	72	95.8%	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)	55	72	98.5%	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)	70	72	97.2%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. The GPs told us how they ensured 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
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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)	77.1%	75.8%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.8%	71.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.0%	54.4%	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)	71.9%	70.8%	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)	57.1%	55.5%	51.6%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 77%, which was above the CCG and national average but below the 80% coverage target for the national screening programme. To increase coverage of cervical screening the practice offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.
- The practice's uptake for breast and bowel cancer screening was in-line with local and national averages.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held meetings and communicated with health and social care professionals to ensure that 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 with a learning disability and offered annual health checks to these patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- Alerts were placed on the records of patients who needed additional support, for example, if they

were unable to read or needed an interpreter service.

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

Population group rating: Good

Findings

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- 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.
- All staff had received dementia training. There was some signage at the practice to assist patients with dementia.
- The practice's performance on quality indicators for mental health were overall in line with local and national averages.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.4%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.7% (10)	18.9%	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)	93.3%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.8% (8)	14.6%	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)	88.7%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (1)	6.3%	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 as a % of number of points available	100%	99.5%	96.6%
Overall QOF exception reporting (all domains)	5.2%	7.1%	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

- A number of medication audits had been carried out to ensure appropriate prescribing. For

example, an audit of patients prescribed 10 or more medications and an audit of medications for the management of chronic obstructive pulmonary disease.

- An audit of long acting reversible contraception intra-uterine devices (LARC) had been undertaken to establish if this service was being appropriately delivered as it is under used in the UK. This led to improvements being made such as training in signposting and the provision of clearer information to patients.
- An audit of minor surgery had been completed in the last 12 months which compared outcomes to those in the Royal College of General Practitioner (RCGP) community based surgery audit in 2016. This showed that waiting times for minor surgery were shorter and diagnostic accuracy better than the RCGP audit.

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.	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.	Y
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.	Y

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)	Y

(QOF)	
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 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

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)	97.9%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (21)	0.7%	0.8%	N/A

Consent to care and treatment

The practice 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
Explanation of any answers and additional evidence: Clinicians told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was overall 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

CQC comments cards	
Total comments cards received.	4
Number of CQC comments received which were positive about the service.	3
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews – 4 patients	I get an excellent service. The clinicians are overall caring
	I am treated with care and concern and respect.
	The service is very good. I am listened to and treated respectfully.
	The clinicians are caring. I am mostly treated with dignity and respect.
Comment cards	Staff are very caring, friendly and helpful
	The recent treatment I got was just what as needed. I was treated with dignity.
	Staff are always helpful.
Healthwatch	Healthwatch had received feedback from five patients over the last eight months which had been shared with the practice. Three had indicated they were not satisfied with customer care.

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
7412	247	88	35.6%	1.19%

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)	78.4%	87.6%	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)	80.8%	86.9%	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)	91.4%	94.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	61.8%	82.9%	83.8%	Variation (negative)

Any additional evidence or comments

The practice manager and GP partners reviewed the feedback received from the National Patient Survey. They identified key areas for improvement and produced an action plan. They discussed the action plan with the Clinical Commissioning Group to identify any support available. The provider told us that the national GP survey period was a time of significant disruption to normal GP availability. One of the GPs was absent for a nine month period. More than 30 locum GP's were used in this period which had an impact on continuity of care. The provider told us that this problem had now been resolved as the practice was back to full GP capacity. Two new part-time GP's had also been recruited.

In response to the National Patient Survey further action had been taken to improve patients' experience and perception of the services offered. This included a new telephone system being installed in November 2018, a same day appointment system being established (a Sit and Wait clinic was introduced in July 2018 and was provided by a GP Monday - Friday in the morning and afternoon for urgent problems on the day) and as a result of collaborative working arrangements with their GP federation, since September 2018 the practice was able to offer patients a range of appointments at other local surgeries. The provider told us they would continue to monitor service provision to determine the impact of the changes made.

The provider had reviewed feedback which indicated that patients were not happy with the attitude of staff. The practice manager reported that there had been a number of staff changes at the practice, patient feedback had been discussed with the staff team and training and coaching provided where needed. They advised that this aspect of patient care would also continue to be monitored.

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

Any additional evidence

The practice had in the last 12 months sought feedback from patients on the Sit and Wait clinic (a service introduced to provide alternative appointments to patients wanting to be seen on the day and prepared to wait rather than be given an allocated time) and the extended hours service. As a result of feedback, the practice had introduced changes to the practice. For example, the booking of routine appointments for three, seven and 14 days ahead was introduced, it had provided a Sit and Wait clinic in the afternoon as well as the morning and it had signed up to a data sharing agreement with other local practices so that patients could have appointments in the evening, weekend and bank holidays at other practices in the Northwich, Winsford, Crewe and Nantwich areas if they wished.

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	Y

advocacy services.	
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Source	Feedback
Interviews with patients.	We spoke to four patients who said they were involved in their care and 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)	87.1%	93.6%	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.	On request
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	233 (3%)
How the practice supported carers.	There was a carer's lead who identified carers and provided them with relevant information about GP and local services. The carers lead had regular contact with the Carers Trust so they could provide patients with up to date information. There was a carer's information notice board in the waiting area. Alerts were placed on carers records so they could be offered appropriate support.
How the practice supported recently bereaved patients.	The practice had an information leaflet and information for relatives who had experienced bereavement. A sympathy card was sent. Referrals to counselling were offered.

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

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
Explanation of any answers and additional evidence:	
<p>The practice monitored access and patient feedback regarding this and adjusted the services provided to better meet the needs of patients. We identified that the practice should look at how it publicises the services it offers as feedback from one patient indicated they were not aware of all appointment options. The provider advised us that this would be reviewed and that there was a plan in place to review patient satisfaction with access in the light of the changes made to appointments and staffing.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.15am – 6pm (phone lines 8am-6.30pm)
Tuesday	8.15am – 6pm (phone lines 8am-6.30pm)
Wednesday	8.15am – 6pm (phone lines 8am-6.30pm)
Thursday	8.15am – 6pm (phone lines 8am-6.30pm)
Friday	8.15am – 6pm (phone lines 8am-6.30pm)
Appointments available:	
Monday	8.30am – 5.45pm (GPs) 5.50pm (nurses)
Tuesday	8.30am – 5.45pm (GPs) 5.50pm (nurses)
Wednesday	9.00am – 5.45pm
Thursday	8.30am – 5.45pm (GPs) 5.50pm (nurses)
Friday	8.30am – 5.45pm (GPs) 5.50pm (nurses)

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7412	247	88	35.6%	1.19%

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)	88.7%	94.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. Urgent home visits were triaged by the on-call GP and if appropriate the rapid response service visited the patient and formulated a treatment plan. Referrals were made to support services to assist older patients such as Age UK. The practice used Pathfinder, an early intervention and prevention service which also provided a single point of access for community services and local organisations. The practice referred patients to the Community Intervention Bed Scheme which facilitated nursing home admissions for patients who would otherwise require hospital admission.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with a long-term condition were offered an annual review to check their health needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs. Appointments of up to 40 minutes were provided for long term condition reviews. 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. Multi-disciplinary meetings were held with social and health service practitioners to review patients with complex needs to ensure they had access to appropriate support. The practice referred patients to community health and social care services which supported patients with both their medical and social care issues. For example, patients were referred to the Northwich Leg Club which provided medical care and social interaction for patients with leg ulcers.

Families, children and young people

Population group rating: Good

Findings

- We were informed that the practice had 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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 and flexible. For example, prescriptions and appointments could be managed on-line, telephone consultations were available, flexible length of appointments were offered (15 and 20 minute consultations were available on request).
- The practice promoted electronic prescription management. The provider told us that 63% of prescriptions were sent electronically. Prescriptions could be ordered on-line and sent to a pharmacy of choice which had included airports and holiday destinations,
- The practice publicised self-care and directed patients with minor ailments to a pharmacy.
- An extended hours service provided by a hub of local GP practices provided evening and weekend appointments to patients unable to attend the practice during normal working hours.

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 and those with a learning disability.
- People in vulnerable circumstances were 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, health checks could be done at the patients' home or arrangements were made for this to take place at a quieter time at the surgery. The practice had designed a template with links to information leaflets and videos to assist patients with a learning disability.
- The practice referred patients to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues. The practice also participated in the food bank scheme.

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 understood how to support patients with mental health needs and those patients living with dementia.
- The practice carried out monthly searches of patients with newly diagnosed depression to ensure they had a follow up appointment.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

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

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)	32.6%	59.4%	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)	46.7%	67.6%	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)	37.8%	64.7%	65.9%	Variation (negative)
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)	69.5%	75.3%	74.4%	No statistical variation

Any additional evidence or comments

The practice manager and GP partners reviewed the feedback received from the National Patient Survey. They identified key areas for improvement and produced an action plan. They discussed the action plan with the Clinical Commissioning Group to identify any support available. The provider told us that the survey period was a time of significant disruption to normal GP availability. One of the GPs was absent for a significant period (from March 2017 to December 2017). More than 30 locum GP's were used in this period which had an impact on continuity of care. The provider told us that this problem had now been resolved as the practice was back to full GP capacity. Two new part-time GP's had also been recruited.

In response to the National Patient Survey the following further action had been taken to improve patients' experience and perception of the services offered.

A new phone system had been put in place in November 2018. The new phone system gave patients

options when contacting the surgery and enabled calls to be queued which was not available with the old telephone system. Management information facilities also provided data which enabled the practice to monitor telephone access, for example it indicated queuing times and time taken to get through.

The practice had increased the amount of appointments that could be booked on-line to 70%. The provider told us they had promoted on-line access amongst its patient population and had 62% of patients signed up for this service which was the highest in the Clinical Commissioning Group and third highest in the North West.

The practice had reviewed same day appointments following patient feedback and provided a sit and wait service for urgent same day appointment requests. Unwell patients or young patients were highlighted to the on-call GP and prioritised as necessary. The provider told us this system had been well received by patients and had helped identify and promptly treat patients with sepsis. The system also allowed for the on-call GP to bring back unwell patients for review later in the day reducing admission rates and giving reassurance to patients/carers.

The practice had reviewed the length of appointments offered to provide flexibility to patients who may need to see a GP for more than one condition. For example, the practice offered pre-bookable appointments 14, seven and three days in advance.

As a result of collaborative working arrangements with their GP federation. Since September 2018 the practice was able to offer patients a range of appointments at other local surgeries.

The practice had provided training to reception staff who signposted patients to services when they did not necessarily need to see a GP.

The practice had a Facebook page which provided health tips, local service updates and information about the operation of the practice. In November 2018 4,800 people had accessed this page.

A great deal of recruitment had taken place in the last 12 months. In addition to the two new part-time GP's, a practice nurse and health care assistant were currently being recruited and four new reception staff.

The provider told us they would continue to monitor the services provided to patients to determine the impact of the changes made.

Source	Feedback
Patient interviews	We spoke to four patients. Two said they got an appointment when they needed one, although emergency appointments were easier to get than routine appointments. One said it's an excellent service but there should be more GP appointments. One said it wasn't easy to get an appointment and appointments didn't run to time.
Comment cards	We received four comment cards. All were positive. One indicated a good service was provided but said there could be a wait after agreed appointment time.
Healthwatch	Healthwatch had received feedback from five patients over the last eight months

	which had been shared with the practice. Two had indicated there could be a delay in getting an appointment.
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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.	14
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: <ul style="list-style-type: none"> The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. An annual review of complaints to identify patterns and trends was carried out and submitted to the CCG. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A prescription was issued which did not have sufficient information on dosing times resulting in a delay in the medication being received.	Practice manager reminded all GPs to ensure this information is clearly indicated.
Receptionist was not helpful when requesting an appointment for an unwell child.	The protocol was reviewed and although the reception team had acted appropriately and the patient was seen the same day. It was identified that if they had asked further questions then a morning appointment would have been offered. This also highlighted that sepsis awareness training should be provided to reception staff.

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 good quality 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: The GPs, nurses and senior administrative staff had active leadership roles.	

Vision and strategy

The practice had a clear vision and credible strategy to provide good 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.	Partial
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: A Patient – GP Charter was in place which outlined the service patients could expect and the practice's expectations of patients. For example, the patient charter indicated that the practice would work hard to provide a patient centred service, provide sufficient access and that staff would display empathy and sensitivity. The patient charter had been developed following feedback from patients and staff.	

Culture

The practice had a culture which drove good 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
<p>Explanation of any answers and additional evidence:</p> <p>The management team had oversight of the service quality and performance. Quality improvement initiatives were evident, that included audit. There were processes for providing staff with the development they needed. There were positive relationships between staff and teams.</p> <p>All staff at the practice had access to a service that provided confidential support for personal issues.</p>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff stated they felt respected, supported and valued. Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. They told us there was good communication between all staff. They told us they had access to support and training to meet the requirements of their roles.

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

<p>Explanation of any answers and additional evidence:</p> <p>Staff had responsibility for different areas which ensured these areas were being overseen and monitored. For example, there was a lead member of staff who monitored the quality indicators, lead for safeguarding, medicines management, infection control, carers and complaints.</p> <p>The provider had policies and procedures in place to support the delivery of the service.</p>

Managing risks, issues and performance

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

	Y/N/Partial
There were 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 had received guidance in responding to major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a 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
<p>Explanation of any answers and additional evidence:</p> <p>Overall information was accurate. However, the practice identified that the information held by NHS England regarding childhood immunisations showed a lower achievement than the practice records demonstrated. The practice was given advice on the action to take regarding this.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to promote good 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:	
<p>The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Patients at the practice were able to feedback via text message or written comments. The practice manager told us they received a minimum of 120 feedback comments per month. The practice manager reviewed the comments to identify areas for improvement. For example, patients said they would like to see more information displayed in the waiting area about the services available at the practice and in the local area. The practice had responded by reviewing what information was available and re-arranging how information was displayed to make it easier for patients to access. An information screen was also introduced that showed health promotion information and messages about the practice and local services. As a result of reviewing FFT feedback regarding queuing times at reception an additional prescription box and desk area to complete written requests had been put in place to reduce unnecessary waiting.</p> <p>Results from September to November 2018 showed there had been three hundred and fifty-two responses completed and two hundred and eighty-three (80%) of the respondents were either extremely likely or likely to recommend the practice.</p> <p>The practice also reviewed comments posted on NHS GP Choices. The practice manager responded to all comments made inviting patients to contact the practice where comments indicated improvements may be needed. All feedback was shared with the staff team. An annual review of comments was completed to identify any trends. The trends identified in 2017/2018 have been access to appointments, getting through to the practice by telephone and prescription management. The practice was able to demonstrate how it had responded to these issues. The telephone system had been identified as needing to be modernised for some time, however, this could not be facilitated without external agency approval. The telephone system had been changed this year to provide a phone queue and option facility. Appointments were constantly reviewed and changes made to improve access. For example, a sit and wait clinic was introduced and a telephone triage system.</p>	

Feedback from Patient Participation Group.

Feedback
The practice had a small patient participation group (PPG) which was over the last 12 months consulted with via email and telephone regarding specific issues and to ascertain their views about how the practice was operating. There was a plan in place for face to face meetings to take place in 2019. The practice manager gave examples of how the practice had communicated with the PPG about changes at the

practice and sought their feedback about new developments such as the Sit and Wait Clinic.
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Any additional evidence
A newsletter was produced for patients which provided useful information about changes to the practice, staffing and access. This was made available in a free community publication that was available to all people resident in the catchment area of the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
<ul style="list-style-type: none">• The provider monitored the service it provided and adjusted the service to reflect its patient population. For example, the provider had identified that there was a low rate of patients diagnosed with dementia. It was attempting to address this by active screening and providing education to patients about dementia assessments and services.• The practice kept access arrangements monitored and made changes to better meet patients' needs.• The practice was keen to consider new initiatives. For example, they were part of The Aches and Pains (TAPS) study which aimed to prevent long term chronic pain.• The practice used social media to provide information and advice to patients.

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.