

# Care Quality Commission

## Inspection Evidence Table

### Poplar House Surgery (1-541769355)

Inspection date: 6<sup>th</sup> 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 mostly had clear systems, practices and processes to keep people safe and safeguarded from abuse.

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

Safeguarding	Y/N/Partial
<p>manner. Contact details for local safeguarding teams and other agencies were contained in the guidance, together with flow charts to guide the reader.</p> <p>Staff had been trained to the appropriate level for their role in both safeguarding children and adults.</p> <p>We noted that multiagency safeguarding meetings were recorded as having taken place, however there were no minutes of the meeting to show what was discussed and any actions taken from the meeting.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive recruitment policy listing all the checks and measures required for employing staff.</p> <p>We examined four recruitment files, one GP, one nurse and two reception staff. The file for the GP recruited in September 2017 contained little evidence to confirm that the practice recruitment policy had been followed. There was no application form (there was a curriculum vitae or CV), no employment or character references, one piece of photographic identification (however this was not signed or dated so it was difficult to establish when it had been seen by the practice) and there was no medical declaration to say the applicant was physically and mentally fit to perform their role. We spoke to the practice manager and lead GP about this and they told us that the GP had been recommended locally and they were keen to employ them before another practice did. The other three files we examined were all missing information required under Schedule 3 of the HSCA. For example, some employment references, some files only had one proof of identification, when the practice policy stated there should be more than one, none of the files contained medical declarations. During the inspection the practice manager contacted all staff on duty that day and obtained medical declarations and told us they would obtain the others as soon as possible.</p> <p>We saw that staff files contained details of professional registration, membership to professional bodies, for example to nursing and midwifery council (NMC) and general medical council (GMC) and immunisation status. We asked the practice manager how they monitored these registrations, memberships and immunisations, we were told that they relied on the individual to maintain them appropriately.</p> <p>The practice chaperone policy and risk assessments for staff who did not require disclosure and barring checks (DBS) was confusing as it appeared to allow non-DBS checked staff to undertake chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of people</p>	

barred from working in roles where they may have contact with children or adults who may be vulnerable.) We clarified this with the practice manager and we were told only trained and staff who had undertaken DBS checks were permitted to chaperone. The practice manager undertook to update the policy to make this clear.

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: 7 <sup>th</sup> June 2018	Yes
There was a record of equipment calibration. Date of last calibration: 24 <sup>th</sup> April 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 30 <sup>th</sup> November 2018	Yes
There was a log of fire drills. Date of last drill: 14 <sup>th</sup> June 2018	Yes
There was a record of fire alarm checks. Date of last check: 29 <sup>th</sup> November 2018	Yes
There was a record of fire training for staff. Date of last training: 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 22 <sup>nd</sup> November 2017	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:  Whilst fire drills took place annually, only the date of the exercise was recorded. We spoke with the practice manager about this and they told us in future they would record the details of persons involved, what happened and any learning.  Legionella risk assessment: 15 <sup>th</sup> November 2018, tested monthly.  Emergency lighting: 29 <sup>th</sup> November 2018, tested weekly.  Gas safety certificate: 12 <sup>th</sup> November 2018.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 2 <sup>nd</sup> September 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes

Date of last assessment: 31 <sup>st</sup> October 2018	

## Infection prevention and control

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

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 4 April 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: A comprehensive and regularly reviewed infection control policy was in place, specific staff members had been identified to undertake specific roles and tasks to ensure compliance with the policy. A comprehensive infection control audit had been conducted in April 2018 by one of the nurses who was the practice lead. Some minor issues had been identified and actioned appropriately.	

## Risks to patients

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

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

There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: we saw that all staff had been given a comprehensive sepsis presentation in July 2018, posters reminding staff of the symptoms of sepsis were displayed at various locations around the practice.	

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.02	1.01	0.94	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	4.1%	7.6%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We noted that practice kept a bottle of controlled drugs “Orapmorph” with the emergency medicines, this is a liquid form of morphine used to treat severe pain. The practice said they were unaware that this was a controlled drug and were not keeping it as required by legislation (in a locked approved cabinet and recorded in a controlled drug register). The “Oramorph” was taken to the pharmacy next door for destruction as soon as we pointed the issue out. We were told that it had been stocked in the emergency medicines by the previous lead GP who had retired recently and the practice had not considered to review the need to keep this medicine. We were told this was an oversight and not done intentionally.</p> <p>We reviewed the monitoring of higher risk medicines and saw that this was well managed and audited by the assistant practice manager.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Four
Number of events that required action:	Four
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager told us that they intended to lower the threshold for what constituted a significant event, in order that they could capture more issues and look to learn from events that were not so serious or significant, but could improve the practice.</p>	

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

Event	Specific action taken
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A letter relating to a patient with a respiratory condition was not actioned. This led to delays in appropriate treatment and the incorrect type of antibiotic being prescribed.	The practice reviewed and amended its system for dealing with letters requiring action. Staff were trained in the new process and it was monitored to ensure effectiveness.
A patient was brought to the practice waiting room by paramedics for treatment, paramedics left as did the patients without being seen by practice staff.	There was consultation between the ambulance service and the practice and agreement that in future cases, ambulance staff would always remain with the patient at the practice until clinicians had been consulted.

Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Yes
Staff understood how to deal with alerts.		Yes
<p>Explanation of any answers and additional evidence:</p> <p>We looked at several safety alerts and saw that they had been dealt with appropriately. There was no management overview of safety alerts, the practice manager told us that they intended to introduce a spreadsheet to record all safety alerts in order that they could check that all had been dealt with appropriately.</p>		



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: We noted that secondary care discharge letters were reviewed and actioned within three days.	

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)	0.91	0.66	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</li> </ul>

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

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice took a proactive approach to the management of diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages, exception reporting was lower than national levels.

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)	78.6%	83.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.6% (34)	14.4%	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)	82.9%	80.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.0% (31)	9.1%	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)	76.1%	80.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.5% (60)	17.7%	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)	77.2%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (6)	8.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.5%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.5% (13)	9.8%	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)	81.7%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (22)	4.1%	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)	91.4%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.4% (13)	8.1%	6.7%	N/A

#### Any additional evidence or comments

Exception reporting is the removal of patients from QOF calculations, where, for example, the patient declines or does not respond to invitations to attend a review of their condition or where a medicine is not appropriate.

## Families, children and young people

Population group rating: **Good**

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- 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)	57	60	95.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	40	44	90.9%	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)	41	44	93.2%	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)	41	44	93.2%	Met 90% minimum (no variation)

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

Population group rating: Good

### Findings

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme, but was comparable to local and national averages.
- The practice's uptake for breast and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate 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	England	England
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		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	74.9%	77.0%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.4%	74.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.7%	62.8%	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)	65.0%	74.6%	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)	36.2%	47.5%	51.6%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 demonstrated that it had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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

Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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 and were “dementia friends”.

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)	90.6%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	17.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.4%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	12.4%	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)	82.0%	89.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (2)	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 (out of maximum 559)	548.96	-	537.5
Overall QOF exception reporting (all domains)	4.4%	5.9%	5.8%

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

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

- An audit of patients over 55 years of age prescribed aspirin, revealed 92 patients on the practice list were receiving this medicine. Patients received a review by a pharmacist to ensure the medicine was still appropriate and in line with national guidance. A re-audit in November 2018 led to six patients having a different medicine prescribed.
- A 2018 audit showed 112 patients were prescribed newer anti-coagulants, an audit and tests (haemoglobin level monitoring, vascular calculations, bleeding risk, renal function), results recommended that 15% have a re-test, 2% required a medication review with a view to reducing the dose, 15% required a medication review with a view to changing the medication and 6% required a review of whether gastroprotection was required. A re-audit was to be undertaken.



## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and advanced nurse practitioners.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	
The practice manager ensured that "back to work" interviews took place following any periods of staff sickness or other absence. We were told about an example where the practice manager had used performance management to effectively deal with an underperforming member of staff.	
A comprehensive training plan was in place, this was updated and amended following staff appraisals.	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between	Yes

services.	
<p>Explanation of any answers and additional evidence:</p> <p>Palliative care meetings took place monthly and were attended by clinicians and representatives from the community palliative care team.</p> <p>Monthly nurse's meetings were held and well attended, minutes of these meetings were clear and well documented. Subjects under regular discussion included: clinical best practice and new initiatives, changes to working, prescribing, palliative care and improvements to internal processes.</p>	

## Helping patients to live healthier lives

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

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

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)	98.1%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (1)	0.5%	0.8%	N/A

### Any additional evidence or comments

The practice worked hard to help patients lead healthier lives and were involved in a number of initiatives to do this, including: local council health and wellbeing groups and local community support groups.

The practice encouraged a local support group "Just Good Friends" to spend a day at the practice at least once a week. Members of this group spent time talking to patients in the waiting room, discussing their needs, identifying vulnerable people and carers and signposting patients to support services. This group also visited patients in their own home and were able to provide examples where they had managed to help "turn people's lives around."

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: There was a comprehensive and recently reviewed policy and guidance relating to the Mental Capacity Act 2005 and its implementation. It provided clear guidance and useable templates around matters such as capacity to make decisions and best interests meetings. A separate document detailing the Gillick and Fraser competency was available to practice staff, clinicians we spoke with were clear on these guidelines.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

### CQC comments cards

Total comments cards received.	29
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Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Choices	Feedback over the last six months about the caring nature of staff at the practice indicated high levels of satisfaction, some patients stated that the practice could not be recommended highly enough, staff were kind and caring and always took time to check on patient's welfare and wellbeing.
CQC Comment Cards	Comment cards completed by patients were overwhelmingly positive about the compassion, care and professionalism displayed by staff. Several patients referred to the lead staff as "going the extra mile".
Practice Staff	Staff had recently been involved in fundraising for "Bowel cancer awareness", raised £245 during the "Movember" fundraiser and £252 for "Mydonate" for Christmas presents at the local hospice.

## 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
7336	255	97	38%	1.32%

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)	95.4%	92.5%	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	90.5%	91.2%	87.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
them with care and concern (01/01/2018 to 31/03/2018)				
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)	98.9%	96.1%	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)	86.0%	86.8%	83.8%	No statistical variation

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

Any additional evidence
Patients we spoke with on the day of the inspection and results of the practice patient survey revealed that it was sometimes difficult to obtain an appointment. The practice told us they were working on this and hoped new telephony systems and moving to new premises would help increase satisfaction significantly.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: There was a great deal of information on display in the waiting area and on the website signposting patients to support services in the area and nationally. The "Just Good Friends" advisors were also on hand in the waiting area on the day of our inspection and we saw them providing advice and support. The group also provided information on regular meetings and functions which they arranged locally, including lunches, evening trips and dances.	

Source	Feedback
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Interviews with patients.	Patients we spoke with were positive about being involved in making their own decisions and being provided with sufficient information about their own care.
CQC comment cards	Comment cards evidenced high levels of satisfaction in the way that patients were involved in decisions about their care.

## 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)	91.4%	95.6%	93.5%	No statistical variation

## Any additional evidence or comments

The practice made good use of social media for communicating with patients. Facebook pages were regularly updated with current information and gave patients the opportunity to make comments.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Practice GPs spoke several languages and one of the receptionists spoke Chinese. The practice used "Google translate" if there was a need.	

Carers	Narrative
Percentage and number of carers identified.	117 which equated to 1.6% of patients.
How the practice supported carers.	One member of staff was the carers champion and maintained an overview of the carers within the practice patient list. They identified new carers and offered support and signposted to support services. All staff we spoke with knew how to identify carers and were able to describe how they offered support and other services to assist those with caring responsibilities.

How the practice supported recently bereaved patients.	All practice staff were made aware of any bereavements so they could support family and friends accordingly. The practice sent families bereavement cards and offered support by a telephone call when appropriate.
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## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Partial
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Although there was no dedicated private room for patients who required additional confidentiality, consulting rooms were used if there were any free.</p> <p>The reception desk was situated a short distance away from where patients waited for their appointments, confidentiality could be achieved by talking with lowered voices.</p> <p>We observed staff speaking with patients in a warm friendly manner. Staff were patient and ensured they understood clearly what patients were requesting and when arranging appointments staff asked if an interpreter was required.</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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or	Yes

who had complex needs. They supported them to access services both within and outside the practice.	
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was situated in a Victorian three storey building, there was no lift, treatment rooms were on the ground floor. The practice recognised the challenges the building presented and were in the process of moving to a purpose built, shared health centre nearby.</p> <p>A wheelchair was available for patients who required one.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Appointments available:	
	GP
Monday	09:00 – 13:00 and 14:45 – 17:45
Tuesday	09:00 – 13:00 and 14:45 – 17:45
Wednesday	09:00 – 13:00 and 14:45 – 17:45
Thursday	09:00 – 13:00 and 14:45 – 17:45
Friday	09:00 – 13:00 and 14:45 – 17:45
	Nurses 08:30 – 18:00 daily

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7336	255	97	38%	1.32%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.6%	96.1%	94.8%	No statistical variation

Any additional evidence or comments
The practice could offer evening and weekend appointments via the neighbourhood extended hours service, these appointments were bookable directly with the practice.



## 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## 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.

## 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.
- Text messaging was used for appointments and recalls via the “Iplato” system.

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

## Population

### Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.

## 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.
- Practice staff had received dementia training and were “Dementia friends”.

## Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence:	

Thirty appointments were reserved daily as “urgent appointments”, requests for these were triaged and where necessary a GP would call the patient back for more detail if required.

The “On-Call” GP would assess all request for home visits and prioritise them accordingly.

## National GP Survey results

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)	69.3%	76.6%	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)	85.3%	74.6%	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)	73.0%	68.7%	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)	79.9%	79.2%	74.4%	No statistical variation

Source	Feedback
CQC comment cards	Some feedback offered by patients on comment cards indicated obtaining and making appointments was not always satisfactory and that it was sometimes difficult to get through on the telephone.
Friends and family test	The last six months figures evidenced that 326 patients, who completed the survey, said they would be likely or extremely likely to recommend the practice whereas, 17 said they would be likely or extremely likely not to recommend the practice to friends and family.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:  The practice had a simple and clear complaints policy, however the policy lacked detail, for example a named individual who was responsible for complaints, how the practice would learn from complaints and how verbal complaints would be dealt with.  We noted that an annual review of complaints had taken place, however it was not clear when this had taken place or who had been involved in the review. Verbal complaints were not routinely recorded, we discussed this with the practice manager and they told us they would begin to record these as a way of gauging patient satisfaction and identifying learning opportunities.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Insufficient medication prescribed to new patient.	The practice reviewed the complaint, apologised and initiated new procedures to ensure sufficient information was gathered from patient's previous practice.
Receptionist was rude to patient	Complaint investigated, member of staff spoken to and apology offered to complainant, ongoing supervision.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff we spoke with told us that management style and approachability had improved considerably since recent changes of personnel. We were told both GPs and practice management were open and consultative in their style. The practice had a comprehensive business plan which underpinned its strategy for change and progression. Patients and staff were keen to re-locate to the nearby purpose-built health centre, planned for April 2019.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a clear vision and mission statement which staff and patients were familiar with. Staff understood how their role was part of achieving this vision. Regular quarterly whole practice meetings were held, agendas and minutes of meetings demonstrated that the leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety, staff welfare and effective systems and processes. The GPs told us how they were looking forward to opportunities co-locating with other practices presented, for example, running joint injection clinics for all three practices.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with were clear on their responsibility to report concerns, they showed confidence how and in what circumstances they might need to use whistleblowing procedures.	

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

Source	Feedback
Staff interviews	Staff we spoke with told us they felt well supported by management and described a team approach to delivering high levels of care. We were told practice management were extremely receptive to any training requests, and that GPs and management had an open-door policy if staff felt they had any queries or concerns. Staff we spoke with told us they felt valued and enjoyed their work.
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training. We also saw staff had completed training around conflict resolution.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: There was a clear documented organisational structure, all staff were clear on their roles and responsibilities.  Policies and procedures were dated and reviewed according to a planned programme. They were consistent with best practice guidelines and any relevant legislation. They were available for reference at	

all times on the practice shared drive and staff we spoke with were aware of their location and content.

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>The practice manager told us that they had most of the structures and processes in place, however, wanted to be more proactive in their overview and audit of systems. They planned to introduce peer review of internal process for example, documenting obtaining consent.</p> <p>The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.</p> <p>We were told the CCG was involved in an annual performance review of the practice.</p>	

## Appropriate and accurate information

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

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

The practice was aware of and confirmed they complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation. Staff were trained in information governance and counter fraud.

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: There was an active patient participation group (PPG) which met regularly. The group were joined by the practice manager and one of the members of "Just Good Friends" at their bi-monthly meetings. Recent initiatives included: "Neighbourhood self-care week" (a neighbourhood event promoting social prescribing, meningitis awareness and work with the local YMCA.	

Feedback from Patient Participation Group.

Feedback
The PPG were strongly supportive of the engagement with the practice, quoting examples of where the practice had listened to its patient group, for example, over the electronic booking in system. The PPG were attempting to recruit new and some younger members to its ranks. The PPG told us that patients were sympathetic to the challenges the practice faced being located in its current building.

## Any additional evidence

The practice had listened to patient feedback regarding access via telephone and had introduced a dedicated phone line for prescription issues.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice had taken the decision to recruit two advanced nurse practitioners (ANP) to reduce to pressure on GPs as they recognised that ANPs could offer enhanced levels of care and treatment.	



### Examples of continuous learning and improvement

All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan, motivate staff and provide advancement opportunities.

## 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.