

Care Quality Commission

Inspection Evidence Table

Moseley Medical Centre (1-537680048)

Inspection date: 4 December 2018

Date of data download: 05 December 2018

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

Safety systems and processes

The practice had some clear systems, practices and processes in place to keep people safe and safeguarded from abuse. However, these systems were not fully effective in areas.

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.	Partial*
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.	Partial**
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
Explanation of any answers and additional evidence	
<p>* Although we saw evidence of some effective safeguarding systems and processes in place, at the time of our inspection the practice was unable to demonstrate that missed hospital appointments for children were reviewed and followed up. Specifically, for instances where children failed to attend their hospital appointments. Members of the clinical team explained that they were regularly reviewed and acted on where necessary however the practice could not evidence this; during our inspection we found that records were not updated to reflect action taken and that the practice were not effectively coding these on the practices patient record system.</p> <p>Following our inspection, the practice provided evidence of an audit undertaken after our inspection to show that missed appointments were reviewed and appropriately followed up. An action plan was also put in place to ensure this was recorded on the patient record system.</p> <p>** We saw that DBS checks were in place for most staff including members of the clinical team. DBS checks had been requested for staff who acted as chaperones and the practice was awaiting the results of these. However, whilst awaiting the DBS results the practice could not demonstrate that they had formally assessed risk in the meantime.</p> <p>Shortly after our inspection took place the practice submitted risk assessments for two chaperones however the risk assessments were assessing the need of DBS checks and did not provide information or assurance of how risk would be managed whilst performing chaperoning duties in the absence of/whilst awaiting the results of the DBS checks.</p> <p>Following our inspection, the practice confirmed that DBS checks were in place for all non-clinical staff members. We did not receive further evidence to support this however the practice assured us that the DBS checks had been done.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial**
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.	Partial***
Explanation of any answers and additional evidence:	
<p>* We saw some evidence of adequate recruitment checks in place for permanent staff members. There were a number of locum and temporary staff that worked for the practice under flexible arrangements including a locum phlebotomist who worked at the practice twice a week, a locum healthcare assistant who supported the practice on occasions through a flexible informal arrangement, a locum administrator who helped with summarising of patient records on a weekly basis, two long term locum sessional practice nurses and two long term sessional locum GPs. Although conversations with staff demonstrated that the locums were committed to the practice, the practice could not provide evidence of any formal agreements in place to support most of the locum working arrangements. We saw that a locum nurse had a signed contract in place however there was no evidence provided for the other locum staff members.</p> <p>** We found that there were some gaps in the practices system of checking staff immunisation against</p>	

infection diseases. For example, there was no evidence provided to confirm that measles, mumps and rubella (MMR) status was checked for one of the practice GPs and one of the locum nurses; for the vaccination against MMR.

*** We saw evidence of medical indemnity for some staff who required it however there was no evidence provided for one of the locum practice nurses. We were informed that indemnity was in place however records were not available on the day of our inspection and was also not provided shortly after our inspection.

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:	Y January 2018
There was a record of equipment calibration. Date of last calibration:	Y January 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: October 2018	Y
There was a log of fire drills. Date of last drill: October 2018	Y
There was a record of fire alarm checks. Date of last check: 28 November 2018	Y (every Wednesday)
There was a record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: October 2018	Y
Actions from fire risk assessment were identified and completed.	N/A*
Explanation of any answers and additional evidence: *There were no actions identified on the practices fire risk assessment	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018	Y
Explanation of any answers and additional evidence: The health and safety risk assessment demonstrated that actions were completed where required. For instance, identified trip hazards were managed by ensuring loose cables were altered and concealed.	

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: November 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The infection control risk assessment demonstrated that some actions were completed where required. For instance, wall mounted dispensers were installed for protective equipment such as aprons and gloves. • Risk assessment for Legionella evidenced, dated November 2018, the assessment highlighted no areas for action. • The practice was visibly clean and tidy on the day of our inspection. 	

Risks to patients

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

Explanation of any answers and additional evidence: N/A

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>* At the time of our inspection the practice was unable to demonstrate that child missed appointments at hospital were reviewed and followed. Members of the clinical team explained that they were regularly reviewed and acted on where necessary however the practice could not evidence this.</p> <p>Following our inspection, the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened.</p>	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation. However, these systems were not fully effective in areas.

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)	0.59	0.90	0.94	Variation (positive)
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	3.3%	7.6%	8.7%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
30/09/2018) (NHSBSA)				

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
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.	Partial**
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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>* We saw evidence of structured medicines reviews however we found that although the reviews were well documented in the patients record, they were not being coded on the practices patient record system. This contributed towards inaccurate reporting from the practices patient record system. For example, reports extracted from the system on the day of our inspection indicated that out of 791 patients who were on repeat medicines, 541 (68%) were overdue their medicines review. However, on further investigation in to a sample of cases we found that medicines reviews had been done but were not coded.</p>	

Medicines management	Y/N/Partial
<p>** We found that practices system for monitoring of patients on some high-risk medicine such as warfarin and methotrexate was effective however the monitoring of patients on lithium was not fully effective. The practice could not evidence or assure us that in six out of seven cases viewed, monitoring had taken place for patients on lithium; within the required four-month timeframe. In one case we found that records of monitoring was last made in February 2018. Following our inspection, the practice provided evidence of an audit undertaken after our inspection where patients on the specific medicine had been reviewed. We also saw that an action plan had been developed to strengthen their system for monitoring this area, this included a monthly recall set-up, adding alerts to records where needed and following up on any missed appointments.</p>	

Track record on safety and lessons learned and improvements made

The practices systems to learn and make improvements when things went wrong were not fully effective.

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.	Partial*
Number of events recorded in last 12 months:	10
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>* We saw examples of significant events that had been recorded, investigated and acted on with some learning and reflection in place however the evidence presented contained gaps in areas. For example:</p> <ul style="list-style-type: none"> Based on the significant events we viewed during our inspection, records did not provide assurance to confirm that all actions had been taken in relation to specific events (see below examples of significant events recorded and actions by the practice). Conversations with staff highlighted that due to staffing changes in the practice, formal meetings where significant events and complaints were usually discussed as a team, had lapsed over the months. We saw that an annual review of complaints, significant events and near misses had been carried out in November 2018 however there was no evidence of regular historical practice meetings to support that significant events, complaints and learning were routinely discussed as a practice team. Minutes of the annual complaints, significant events and near misses review demonstrated that minutes were circulated to the locum practice nurses whom due to limited working hours at the practice, were not always able to attend meetings. However, there was no record to confirm if minutes were shared with other locum staff members such as the long term sessional locum GPs, the locum phlebotomist and healthcare assistant. 	

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

Event	Specific action taken
<p>The practice was unable to initially process an electronic referral for a patient as they had no record of an NHS number.</p> <p>The significant event form was dated as June 2018.</p>	<ul style="list-style-type: none"> The practice manager contacted PCSE (Primary Care Support England) who were able to issue the patient with an NHS number. An electronic referral was made promptly and the event record notes that the incident did not negatively impact on care. To prevent recurrence staff were advised to ensure that NHS numbers were checked on registration, the record also indicated that a check would be conducted to ensure there were no other patients registered without NHS numbers in place however there was no evidence to demonstrate that this had been completed since the event came to light in June 2018. <p>This event was also included in the practices annual review on 5 November 2018 however there was no record to confirm if the above action had been carried out.</p>
<p>A patient referral following an appointment in June 2018 had been missed, the record of the significant event noted that this was brought to a GPs attention by the patient on 26 October 2018.</p> <p>The significant event form was dated as 5 November 2018.</p>	<ul style="list-style-type: none"> The practice manager could not find evidence of a referral and therefore this was appropriately made on discovering this. The GP in question was advised regarding the referral process to follow and the admin team were advised to ensure that they flag any referrals that had not been followed up with the GP <p>The significant event form did not show whether a written or verbal apology was given to the patient with regards to this matter.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of past and more recent alerts which had been received, shared and acted on in the practice. Examples included an alert regarding EpiPen's (used for the treatment of anaphylaxis) and an updated drug safety alert on the use of Valproate medicines in females with childbearing potential. We saw that actions such as searches, writing to and recalling patients had been taken in line with alert instructions.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was mostly 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.	Partial*
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: * Most of the evidence viewed as part of our inspection indicated that patient's treatments were regularly reviewed and updated however we did identify during our inspection that the monitoring of patients on a specific high-risk medicine had lapsed.	

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)	0.87	0.81	0.81	No statistical variation

Older people

Population group rating: Good

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

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with long-term conditions had a structured annual review. For patients with the most complex needs, the GP worked with other health and care

professionals to deliver a coordinated package of care.

- 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring and 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)	84.7%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.6% (18)	12.4%	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)	85.2%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (13)	10.4%	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)	77.8%	81.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.9% (20)	11.6%	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)	67.8%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.0% (12)	6.2%	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	91.3%	91.3%	89.7%	No statistical variation

Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)				
Exception rate (number of exceptions).	25.8% (8)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QoF)	84.9%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.0% (17)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	84.6%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (2)	8.1%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets however this was under target by 0.3% and conversations with staff during our inspection indicated that the practice were continuing to call and recall their patients in for child immunisations. 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 or for immunisation and would liaise with health visitors when necessary. Staff we spoke with assured us that children's missed appointments in secondary care were followed up and whilst there was no evidence to indicate that this didn't happen, there was no evidence to support this process in the patient record system. Following our inspection, the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened. 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	30	30	100.0%	Met 95% WHO based target (significant variation positive)

31/03/2018)(NHS England)				
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)	26	29	89.7%	Below 90% minimum (variation negative)
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)	26	29	89.7%	Below 90% minimum (variation negative)
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)	26	29	89.7%	Below 90% minimum (variation negative)

Any additional evidence or comments

Childhood immunisation uptake rates were under target by 0.3% staff we spoke with advised that the practice was continuing to call and recall their patients in for child immunisations.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- However, performance for cancer screening was below average across various screening areas.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	55.6%	68.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.0%	64.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	36.7%	44.3%	54.6%	N/A
The percentage of patients with cancer,	33.3%	76.5%	71.3%	N/A

diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	20.0%	50.1%	51.6%	No statistical variation

Any additional evidence or comments

- The practice provided a report at the time of our inspection, this highlighted that the cervical screening uptake had increased to 72% however this was based on unverified data.
- We also saw evidence of the nurse's failsafe records to ensure that they received a screening result for every cervical screening sample submitted to the lab.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of this and advised that they offered opportunistic screening to patients.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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

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	91.4%	93.2%	89.5%	No statistical variation

months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0 (0)	9.5%	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)	93.1%	93.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.8%	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)	100.0%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	40.0% (2)	6.0%	6.6%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity and there was evidence of monitoring of the outcomes of care and treatment that took place.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.79	-	537.5
Overall QOF exception reporting (all domains)	8.0%	6.1%	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

The practice provided evidence of improved patient care and outcomes through clinical audits during our inspection. For example, we saw that a repeated audit on the identification and treatment of prediabetic patients resulted in a 60% improvement in HbA1c (average blood glucose (sugar) levels) for patients identified as part of this cohort. Prediabetic patients were offered in-house lifestyle advice and referred to external structured education programmes. In addition, cardiovascular risk assessments were carried out and patients were offered further treatment where appropriate.

Any additional evidence or comments

We observed the practices exception reporting rates during our inspection and although found that they followed an appropriate policy when exception reporting patients.

Effective staffing

The practice could demonstrate that staff had the skills, knowledge and experience to carry out their roles in some areas, however we noted some gaps in systems and processes operated to support this.

	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.	Partial*
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
<p>Explanation of any answers and additional evidence:</p> <p>*There was some evidence in place to demonstrate that staff had the skills and experience to deliver effective care and there was some evidence in place to demonstrate that the practice were assured of this in advance of employment however we noted gaps in evidence for some staffing areas such as locum GPs.</p> <p>Although no issues regarding competencies had been raised or found as part of our inspection, we found that the locum support arrangements were mostly informal and the practice could not provide evidence to support that they were assured in terms of competency checks.</p>	

Coordinating care and treatment

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

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

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: * We saw evidence to demonstrate regular engagement with Health Visitors, there were minutes of monthly meetings in place to support this.	

Helping patients to live healthier lives

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

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

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)	95.7%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (3)	0.6%	0.8%	N/A

Consent to care and treatment

The practice always obtained / was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y

The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: N/A	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards

Total comments cards received.	40
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC Comment Cards	Most of comment cards contained positive comments about care, treatment and services provided by the practice. Overall staff were described as caring and respectful however there were a couple of comments made regarding negative experiences regarding poor customer care and communication.
Interviews with patients	We spoke with two patients on the day of our inspection. Patients expressed that they were happy with the practice and described how they had grown up being cared for over the years by the same GPs. Overall, patients spoke positively about the quality of care provided and described good access to services.
NHS Choices	The practice had received a three out of five-star rating based on 16 reviews. The most recent comment was made in April 2018, this was positive regarding the care provided by a specific GP. Some of the comments prior to this were less positive around customer care and the practice had recently responded to these comments (in November 2018).

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
3177	407	78	19.2%	2.46%

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)	84.3%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	68.0%	85.9%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.0%	95.4%	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)	72.2%	81.0%	83.8%	No statistical variation

Any additional evidence or comments

During our inspection we discussed the latest results from the National GP patient survey. Most of the results were positive, staff could not pin point any themes or reasons contributing towards the area of the survey where they were below average. This was in relation to the GPs treating patients with care and concern. Although there was no evidence provided of actions or plans to improve this the practice did provide evidence of a more recent internal survey. The survey highlighted that out of 110 responses, 89% rated GP performance positively, 89% also noted that they would recommend the GP practice.

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

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,	Y

treatment and condition, and any advice given.	
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: N/A	

Source	Feedback
Interviews with patients.	Conversations with patients highlighted that they felt listened to and engaged in the decisions about their care. Feedback indicated that staff took the time to explain and involved patients in their treatment plans and decision making.
CQC Comment Cards	Comment cards highlighted that patients felt listened to and involved in decisions about 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%	92.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: N/A	

Carers	Narrative
Percentage and number of carers identified.	Data provided by the practice on the day of our inspection highlighted that they had 49 registered patients who were carers, this was 2% of the practices patient list.
How the practice supported carers.	<ul style="list-style-type: none"> Carers were offered a carers pack and access to a range of signposting information for them to take away. Carers were offered health checks and flu vaccinations. Staff were unable to identify specific support for young carers, this was discussed as the practice had a young carer registered on their carers register.
How the practice supported recently	Staff we spoke with explained how the GPs had formed long standing relationships with their patients and had cared for patient families through

bereaved patients.	the generations. Due to this, the GPs sometimes met with recently bereaved patients, where appropriate, either in the community or at the practice to offer their condolences and to offer support. The GPs also attended the funerals where appropriate. Patients were also signposted to external support services such as Cruse Bereavement Care.
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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.	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
Explanation of any answers and additional evidence: N/A	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered most of its services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial*
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: * The practices Advanced Nurse Practitioner had left the team shortly before our inspection took place, in October 2018. At the time of our inspection we therefore noted that the provision of nursing services and sessions at the practice were limited. There were two locum practice nurses who had worked with the practice for many years, one of the nurses usually worked two part time sessions a week (Mondays and Fridays) and the other practice nurse worked one session a week, on Wednesdays. Members of the management team advised that due to being part of the My Healthcare Hub model, patients could access nursing care across the local practices that formed part of the Hub. Members of the	

management team explained that the practice was in the process of recruiting a Healthcare Assistant to join the team and were looking to recruit to their nursing team for the future.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 7.30pm
Tuesday	8.30am – 7.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	9am – 12pm and 5pm to 8pm for extended hours
Tuesday	9am – 12pm and 5pm to 8pm for extended hours
Wednesday	9am – 12pm and 5pm to 6.30pm
Thursday	9am – 12pm and 5pm to 6.30pm
Friday	9am – 12pm and 5pm to 6.30pm
There was a GP on call for emergency appointments between 8am – 9am and during the afternoon between 12pm and 5pm.	
The practice was also a member of My Healthcare Hub and was able to offer evening and weekend appointments across six local Hub sites.	
The practice also offered patients telephone consultations with either a GP or pharmacist based in MyHealthcare’s Virtual Hub at one of the six Hub sites.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3177	407	78	19.2%	2.46%

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)	92.1%	94.5%	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.

- 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.

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 some systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- However, the practice was unable to demonstrate that child missed appointments in secondary care were reviewed and followed up. Following our inspection, the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened.
- 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 in some ways to ensure these were accessible.
- The practice was also a member of My Healthcare Hub and was able to offer evening and weekend appointments across the local Hub sites.
- The practice also offered patients telephone consultations with either a GP or pharmacist based in My Healthcare's Virtual Hub at one of the Hub sites.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning

disability.

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.

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.	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 necessary.	Y
Explanation of any answers and additional evidence: On receiving a home visit request, the receptionist entered the request and reason on to the practices home visit book. The book was reviewed each day by the home visiting GP, the GP then would contact the patient/carer to triage and attend if appropriate.	

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)	81.0%	60.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	69.0%	62.5%	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)	67.5%	63.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.6%	69.9%	74.4%	No statistical variation

Source	Feedback
CQC Comment Cards	Amongst the overall positive comment cards, few noted that at times it was difficult to get an appointment.
Interviews with patients	Patients we spoke with during our inspection described good access to practice appointments and services.

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.	10
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3*
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.	Partial**
<p>Explanation of any answers and additional evidence:</p> <p>* Whilst the complaints we reviewed demonstrated that they had been investigated, appropriately responded to and managed in a timely way we noted that two of the complaints were at one stage managed by an external person who was not employed as part of the practice team.</p> <p>Members of the management team explained that the practice received human resources and complaint support from a consultant; however there was no evidence presented to reflect that the practice had gained assurance around the competency and employment history of the individual prior to them supporting the practice with the management of their complaints.</p> <p>We did see evidence from complainants which recorded that complainants had consented to their complaints being investigated by the external party however there was no evidence to assure us that considerations had been made within the practice, with regards to evidence of DBS checks and there was no evidence of any formal agreements in place to support this arrangement also.</p> <p>** We saw some examples of how complaints were used to drive improvement however we noted that governance of this could be improved. We saw that an annual review of complaints had been carried out in November 2018 however there was no evidence of regular historical practice meetings to support that learning was routinely discussed as a practice team.</p>	

Example of learning from complaints.

Complaint	Specific action taken
June 2018 A complaint was made regarding the	The complaint was formally responded to with a written apology provided. To prevent recurrence the practice

manner of a member of the reception team with regards to a repeat prescription request.	manager completed a telephone monitoring exercise to guide reception staff on how to better deal with patient enquiries and the prescription policy was re-circulated in practice.
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Well-led

Rating: Inadequate

Leadership capacity and capability

There was evidence of compassionate, inclusive and effective leadership however leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y*
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: *Although to meet demands of the practices increasing list size they engaged locum GPs and locum nurses who were described as highly committed to the practice, the practice could not provide evidence of any formal agreements in place to support most of these working arrangements; this posed a potential risk due to lack of formal or official continuity to support the sustainability of these working arrangements.	

Vision and strategy

The practice had a clear vision supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y*
There was a realistic strategy in place to achieve their priorities.	Partial*
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> *The practices set of values included providing continuity of care with flexibility through a GP of choice. The practice also described its philosophy on it's website as aiming to offer the best available family medical care from the surgery, placing a strong emphasis on preventive 	

medicine with individualised care offered to their patients. Although the vision and values overall prioritised quality, there was little evidence provided during our inspection to demonstrate sustainability. There was no formal evidence provided to support the practices future succession plans and strategy. However, we received assurance following our inspection to support a strategic development approach with regards to the future plans and sustainability of service delivery.

Culture

The practice had a culture which drove high quality care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: N/A	

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

Source	Feedback
Staff and observations	<ul style="list-style-type: none"> We observed a calm and friendly atmosphere amongst staff during our inspection. Staff described the practice team as a close small team who worked well together as a whole. Conversations with locum staff during our inspection demonstrated that they enjoyed working with the practice, they had worked with the practice for many years. Staff expressed that they were confident to raise concerns and to make suggestions at work.

Governance arrangements

There was some evidence of clear responsibilities, roles and systems of accountability to support good governance and management in place however we noted that this could be improved in some areas.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Partial*
Explanation of any answers and additional evidence:	

We noted that in some instances lead roles and accountability structures could be strengthened. For instance, the recently appointed infection control lead worked at the practice on a part time basis; on Mondays and Fridays. Although members of the management team described a close team, some staff we spoke with highlighted that they were unsure of who to go to with an infection control concern in the absence of the infection control lead.

Managing risks, issues and performance

The practice had some clear and effective processes for managing risks, issues and performance, however there were gaps in some areas.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Partial
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.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the time of our inspection we found that whilst awaiting the results of the Disclosure and Barring Service (DBS) checks for non-clinical staff who chaperoned, the practice could not demonstrate that they had formally assessed risk. There was evidence of gaps in the practices recruitment systems and in the system for checking staff immunisation against infection diseases. The practices system for monitoring of patients on specific high-risk medicines was not fully effective. 	

Appropriate and accurate information

There was some evidence that the practice used data and information proactively to drive and support decision making however we found gaps in some areas.

	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*
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: * We found that although the medicines reviews were documented in the patients record, they were not being coded on the practices patient record system. This contributed towards inaccurate reporting	

from the practices patient record system.

* Members of the clinical team explained that they were regularly reviewed and acted in the instance that a child did not attend their hospital appointment however the practice could not evidence this. Although there was no evidence to suggest that this process didn't happen, during our inspection we found that records were not updated to reflect action taken where children failed to attend their hospital appointments and that the practice were not effectively these on the practices patient record system. Following our inspection, the practice provided evidence of an audit completed after our inspection and an action plan to highlight that this system had been strengthened.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to support high quality 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: N/A	

Feedback from Patient Participation Group.

Feedback
There was an active Patient Participation Group (PPG) at the practice, the group had met formally recently and although regular meetings had lapsed they had been engaged and involved in practice initiatives such as supporting the practice by carrying out a patient survey over several months this year. We saw that in a recent meeting, topics such as improving access had been discussed and shared with the PPG. We spoke with two members of the PPG during our inspection, they noted that they felt involved and were able to contribute to practice decisions.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial*
Learning was shared effectively and used to make improvements.	Partial*
Explanation of any answers and additional evidence: We saw some examples of how complaints and significant events were used to drive improvement however we noted that governance of this could be improved. There was no evidence of regular historical practice meetings to support that learning was routinely discussed as a practice team.	

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 practices 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.