

Care Quality Commission

Inspection Evidence Table

Dr Cassidy and Partners (1-565674714)

Inspection date: 22 January 2019

Date of data download: 08 January 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

The practice was rated as requires improvement for providing safe services as we found there were ineffective systems and processes in place to reduce the risks to patient safety. In particular, systems to managing safety alerts needed strengthening.

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>We noted that the adult safeguarding policy did not contain contact details for support agencies. Immediately following our inspection, the practice submitted evidence to demonstrate relevant contact details had been included in an updated policy. The child safeguarding policy did not refer to female genital mutilation (FGM). We spoke with clinical staff who had undergone appropriate training in FGM to ensure they could identify and support victims or identify those at risk. Similarly, the adult safeguarding policy did not reference Slavery and Radicalisation. In response to feedback given on the day of inspection, the practice provided evidence both policies had been updated to include information on FGM and Slavery and Radicalisation.</p> <p>Training records for non-clinical staff were incomplete. Some staff were overdue update training in safeguarding, information governance and fire safety. Staff we spoke with demonstrated a clear understanding of their responsibilities in relation to safeguarding and information governance. Immediately following our inspection, the practice advised a schedule for completion of all overdue training had been formulated. We were advised all staff would be up to date with training by the end of February 2019.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in May 2018, we identified the practice did not maintain adequate records in relation to staff immunity for specific diseases. Following our inspection in May 2018, the practice had taken steps to improve record keeping for staff immunisation status in line with Public Health England guidance. During our inspection on 22 January 2019 we saw appropriate records were requested and maintained for all clinical staff. However, records for non-clinical staff still needed strengthening. The practice had asked all non-clinical staff to complete self-assessment forms confirming their immunity status. However, blood tests to ensure accuracy and promote patient and staff safety had not been undertaken for non-clinical staff. A risk assessment to support this had not been undertaken. In response to feedback given on the day of inspection the practice advised all staff would receive appropriate blood tests by the end of February 2019.</p>	

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 November 2018
There was a record of equipment calibration. Date of last calibration:	Y November 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y March 2018
There was a log of fire drills. Date of last drill:	Y 12 June 2018
There was a record of fire alarm checks. Date of last check:	Y 15 January 2018
There was a record of fire training for staff. Date of last training:	Y Various
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Partial January 2019
Actions from fire risk assessment were identified and completed.	n/a
Explanation of any answers and additional evidence: On the day of inspection, the practice was unable to locate its fire risk assessment. We noted the fire risk assessment had been shared with the CQC during the inspection in May 2018. In addition, the practice had records to demonstrate the risk assessment had been shared with a health and safety advisor in April 2018. Immediately following our inspection, the practice submitted an updated fire risk assessment.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 26 April 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	26 April 2018

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	June 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: During our inspection in May 2018 we found the provider did not take a systematic approach to infection prevention and control (IPC), this included a lack of infection control audit and appropriate follow on risk assessments. We reviewed the practice systems for managing IPC during our inspection on 22 January 2019 and found improvements had been made. An IPC audit had been undertaken by the CCG in June 2018 and a subsequent action plan had been formulated. We saw the practice had taken steps to address identified areas in need of improvement. For example, the redecoration of a treatment room.	

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.34	0.99	0.94	Variation (negative)
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) <small>(NHSBSA)</small>	9.2%	7.3%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
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 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 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>The practice was aware of its higher than average antibacterial prescribing and was working towards improvement. It ascertained this in part to the high levels of socio-economic deprivation and historic prescribing practices. The practice was able to demonstrate it was working in collaboration with the CCG to drive improvement in this area. For example, through an audit of prescribing of high risk antibiotic medicines.</p>	

Track record on safety and lessons learned and improvements made

The practice systems to ensure learning and improvements occurred when things went wrong needed strengthening.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Nine
Number of events that required action:	Nine
Explanation of any answers and additional evidence: Following our inspection in May 2018, we advised the provider they should undertake a regular review and analysis of significant events to identify any trends and areas of risk or improvement. During our inspection on 22 January 2019, we found the practice was undertaking a routine review of significant events to identify trends and drive improvement. We saw evidence of significant events being discussed in practice meetings and details of improvements made or recommended were documented.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect letter given to patient containing information on another patient.	The incident was reported following practice procedures and discussed at a governance meeting. A new protocol was developed and implemented. The affected patients received an apology.
Delay in adding appropriate code to a patient requiring end of life care.	The incident was reported following practice procedures and discussed at a practice meeting. Learning points were identified to reduce the risk of recurrence.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	N
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: We reviewed the practice process for responding to safety alerts, including medicines and medical device alerts and found it needed improving. The alerts were received by the practice manager and disseminated to the clinicians for review and action. The practice could not demonstrate that a log of alerts and actions taken in response to them was maintained. We were told that the GP who had	

historically had oversight of safety alerts had left the practice in December 2018. We undertook a search of two recent safety alerts and found that whilst one had been actioned, the other (released in November 2018) had not been. On the day of inspection, the practice advised that they intended to take immediate action. Following our inspection, we were sent evidence to demonstrate a new system for managing safety alerts had been formulated. The practice advised all patients affected by the missed alert in November 2018 had been contacted and appointments booked where required (15 patients in total).

Effective

Rating: Good

We previously rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice was rated as requires improvement for providing effective services because:

- The practice did not have systems to provide assurance that staff requiring registration with an appropriate body maintained valid registration.
- Verification of mandatory staff training was unavailable and records were incomplete at the time of our inspection. Although some evidence of training was provided shortly after our inspection, we found that previously the practice had not taken an active approach and were not always following an effective mandatory training programme.
- Clinical supervision for staff involved in advanced roles, such as non-medical prescribing was not established.

The practice and all of the population groups are now rated as good for providing effective services.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were 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: The practice was aware of higher than average rates of prescribing for hypnotics and ascertained this to the higher than average demand for these medicines within its demography. We saw evidence the practice was regularly reviewing its prescribing and working to reduce hypnotic prescribing where possible.	

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)	2.24	0.85	0.81	Variation (negative)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were offered priority appointments, bypassing the practice's triage system to ensure they were always seen when needed.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Good

Findings

- 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. For example, nurses received advanced training in chronic obstructive pulmonary disease (COPD) and asthma management.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- The practice was able to offer patients on-site BNP testing to identify signs of heart failure.
- Patients with chronic musculoskeletal conditions were referred to physiotherapy services if needed.

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) <small>(QOF)</small>	70.4%	77.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.4% (143)	14.0%	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) <small>(QOF)</small>	80.6%	76.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.7% (82)	11.2%	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) <small>(QOF)</small>	81.7%	83.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	21.3% (149)	13.7%	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) <small>(QOF)</small>	80.1%	77.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	19.1% (135)	11.0%	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) <small>(QOF)</small>	94.5%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	18.3% (45)	14.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	91.1%	80.0%	82.6%	Variation (positive)
Exception rate (number of exceptions).	9.6% (140)	5.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	96.1%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.4% (7)	5.0%	6.7%	N/A

Any additional evidence or comments

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received two letters and a phone call from the practice before being excepted. We were informed that due to the transient nature of a significant proportion of the practice's patient population it was often difficult to provide follow up and reviews to patients.

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)	126	135	93.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	150	154	97.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	151	154	98.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	149	154	96.8%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practices' uptake for breast cancer screening was in line the national average. Uptake for bowel screening was below local and national averages. The practice was aware of this and was actively promoting national screening initiatives within the practice.
- 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. The practice had completed 55 health checks in the 12 months preceding our inspection and 977 since they began undertaking health checks in 2013. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (PHE)	63.7%	71.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.2%	72.7%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	42.4%	53.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	51.4%	63.7%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	55.0%	50.5%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening and bowel cancer screening were below local and national averages. The practice was aware of this and was making continued efforts to improve uptake through active promotion and opportunistic discussions with patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a co-ordinated 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. Patients with no fixed abode were able to use the practice address for medical mail.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- In collaboration with five local practices the practice had successfully developed an Integrated Community Support team. The team would provide holistic support to vulnerable patients facilitating their health, social and well-being needs.

**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.
- The practice offered annual health checks to patients with a learning disability.
- The practice supported patients in two local care homes including those with dementia.
- Recognising the increased demand for mental health services within the locality, the practice had worked with neighbouring practices to improve access to support for patients suffering from poor mental health. We were advised that a mental health nurse would be facilitating weekly clinics from the practice. In addition, the practice had been in liaison with the mental health charity 'Mind' to secure a counsellor onsite weekly for those patients with low level mental health concerns.

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)	100.0%	86.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	21.9% (16)	18.2%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	91.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.8% (13)	16.7%	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)	93.8%	84.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (4)	7.1%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547.7	543.9	537.5
Overall QOF exception reporting (all domains)	10.0%	7.1%	5.8%

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

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

We reviewed an audit undertaken to identify any patients with asthma who were potentially overusing prescribed medicines. The audit identified 18 patients who required further monitoring and support. These patients were all invited to an asthma clinic to ensure risks were minimised and adequate support was provided.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	n/a
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in May 2018 we found the provider did not keep accurate and valid records of staff training and competencies. In particular, required update training for staff responsible for immunisations had not been completed by all relevant staff. In addition, the practice did not have systems to provide assurance that staff requiring registration with an appropriate body maintained valid registration or that there was a developed system for providing clinical supervision for staff requiring it.</p> <p>Through the course of our inspection on 22 January 2019 we found that systems for maintaining staff records in relation to training and competencies for clinical staff had been improved. We saw that the practice had developed a protocol to ensure oversight of clinical staff registrations and it had been embedded into the practice systems. An effective process had been developed to ensure that clinical supervision was routinely provided to all necessary staff. Records were kept and available for review.</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 organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	n/a
Explanation of any answers and additional evidence: Following our inspection in May 2018, we advised the provider they should establish a structured meeting system for the practice team in line with staff feedback. During our inspection in January 2019, we saw evidence a comprehensive meeting structure had been developed and embedded. Weekly, monthly and quarterly meetings were scheduled for relevant teams (internal and external) to support the delivery of good patient care.	

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: The practice facilitated a smoking cessation clinic weekly to support patients wishing to give up smoking.	

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) <small>(QOF)</small>	95.5%	94.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (15)	0.9%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

We previously rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

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

CQC comments cards	
Total comments cards received.	30
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comments cards	Patients commented that they found the staff at the practice to be friendly, helpful and polite. GPs and nurses were praised for the high level of care and support patients felt they received.
Interviews with patients	We spoke with six patients during our inspection and five advised that they found staff were friendly, professional and accommodating to patient requests. Patients told us that GPs were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were given adequate time in appointments and that the standard of care was good. One patient we spoke with reported dissatisfaction following an appointment with a GP. This patient commented their interactions with other staff had been positive.

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
11434	404	135	33.4%	1.18%

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)	74.4%	85.3%	89.0%	Variation (negative)
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)	75.2%	82.6%	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)	88.9%	93.1%	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)	65.6%	77.7%	83.8%	Variation (negative)

Any additional evidence or comments

Following our inspection in May 2018, we advised the provider to continue with efforts to improve patient satisfaction and performance in the national GP patient survey; with particular regard for patient experience during GP consultations. The practice was continuing with efforts to improve patient satisfaction.

Staff told us they worked hard to meet the needs of the challenging population they served. We noted that the practice was in an area of extremely high deprivation and demands on the service were high. We were informed that staff dealt with violent and aggressive patients on an almost daily basis. Patients we spoke with on the day of inspection were largely positive in their feedback on the surgery and their views did not align with those demonstrated in the survey results.

The practice had also undertaken its own patient satisfaction surveys for GP consultations and feedback had been positive. For example, for one GP, of the 35 surveys conducted only one patient commented negatively on the GPs listening. We saw that the GP had reflected on these comments to see if improvements in consultation style could be improved.

The practice advised that they felt patient dissatisfaction was linked to difficulties booking appointments. They advised that they had introduced a triage system as part of their efforts to improve patient satisfaction. A survey undertaken between February and May 2018 showed an improvement in satisfaction with 123 out of 151 (81%) patients saying they would recommend the surgery.

We noted the most recent national patient survey results predated efforts made since our inspection in May 2018. The practice informed of plans to undertake additional in-house patient satisfaction surveys in the months following our inspection, to determine whether any improvements had been made.

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, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	We spoke with six patients. Five patients were positive about the way staff had treated them. One patient expressed dissatisfaction with their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.1%	89.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: We observed the patient self-check-in screen was available in different languages. Leaflets in easy read format or alternative languages could be requested if needed.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 101 patients as carers (less than 1% of the practice list).
How the practice supported carers.	The practice's computer system alerted GPs if a patient was also a carer. There was a carer's noticeboard and written information was available to direct carers to the various avenues of support available to them.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice waiting area was designed so that seating was situated away from the reception desk. In response to feedback the practice had placed footprint markers on the floor to ensure patients waiting to speak to reception allowed enough space for patients talking to reception staff to do so discreetly. All calls were answered in the enclosed office behind reception to ensure caller confidentiality was maintained. Patients requiring additional privacy had access to two private rooms upon request.</p>	

Responsive

Rating: Good

We previously rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
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	
	The practice operated a triage system and appointments were offered throughout the day following GP call back. In addition, pre-bookable appointments for each GP were released daily.
Extended hours opening	
Monday to Friday	18.30 -19.00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11434	404	135	33.4%	1.18%

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)	92.2%	93.4%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice supported residents in two local care homes providing visits and reviews as required.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GPs worked with the district nursing team to accommodate home visits for those who had difficulties getting to the practice.
- There was a dedicated prescription line for elderly and housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local on-site district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered D-dimer testing for patients. (D-dimer tests are used to rule out the presence of a blood clot).
- The practice provided an insulin initiation service for diabetic patients.

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.
- Children under two years of age were offered priority appointments, bypassing the practice's triage system to ensure they were always seen when needed.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and late afternoon appointments with health care assistants and nurses.
- All new patients were offered blood borne virus screening. In addition, tuberculosis screening was offered to patients identified as at risk.
- The practice provided telephone consultations daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice encouraged the use of the online services to make it easier to book appointments and order repeat prescriptions.

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.

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

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients suffering from ongoing mental health conditions were offered ongoing support and structured annual reviews with the GPs.
- All patients presenting in secondary care with self-harming behavior were followed up as a matter of priority.
- Patients were referred as needed to local mental health services and IAPT (Improving Access to Psychological Therapies is a national programme to increase the availability of talking therapies for people who have mild to moderate mental health difficulties).

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice undertook regular home visits to patients in two local care homes. These patients had advanced mental health conditions and/or required end of life care.	

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)	28.0%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	46.3%	59.5%	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)	47.6%	61.8%	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)	59.8%	68.7%	74.4%	No statistical variation

Any additional evidence or comments

Following our inspection in May 2018, we advised the provider to continue with efforts to improve patient satisfaction and performance in the national GP patient survey; with particular regard for telephone access. We were advised at our previous inspection that there had been problems with the workings of the digital telephone system when it had been introduced. These problems had been addressed shortly before our inspection in May 2018. During our inspection in January 2019 we noted that the most recent national patient survey results were based upon data that preceded these improvements. The practice advised that it planned to undertake an in-house telephone satisfaction audit to identify if there were any improvements in patient satisfaction. Patients we spoke with expressed their satisfaction with the telephone triage system.

The practice advised of continued efforts to improve patient access to appointments. We saw that the practice had been able to improve access through minor illness clinics facilitated by the nurse practitioners. To further improve GP access the practice had employed a pharmacist who was due to commence employment at the practice in February 2019. In response to patient feedback the practice had also made changes to the online appointment booking system, increasing the number of pre-bookable appointments available with named GPs.

Source	Feedback
Comments cards	We reviewed many comments from patients stating that they were able to access urgent, on-the-day appointments whenever they needed them. We received 30 comments cards and three of these commented on difficulties accessing appointments through the telephone system.
Interviews with patients	Patients we spoke with told us they were able to book urgent appointments when needed. One patient informed us that they found it hard to book routine future

	appointments. One patient advised of their satisfaction with the online services available, including the facility to book appointments.
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Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	18
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.	One

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Following our inspection in May 2018 we advised the provider they should undertake regular review and analysis of complaints to identify any trends and areas of risk or improvement. During our inspection on 22 January 2019 we found the practice was undertaking a routine review of complaints. We saw evidence of complaints being discussed in practice meetings where appropriate.	

Example of learning from complaints.

Complaint	Specific action taken
Complaint from patient regarding their dissatisfaction following a consultation with a GP	We saw the patient received a full response and apology from the practice. The incident was shared during a practice meeting and areas of learning and improvement identified.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

We previously rated the practice as requires improvement for providing a well-led service because:

Systems or processes that enabled leaders to assess monitor and improve the quality and safety of the services contained gaps and were not always operated effectively. For example:

- There were gaps in records to support staff training, clinical supervision and competencies.
- We noted gaps in the oversight of professional registration for clinical staff, for example, one member of the nursing team had not renewed their annual registration with the Nursing and Midwifery Council.
- There was a lack of regular communication with the practice team to share learning and drive improvement.

The practice is now rated as good for providing well-led services.

	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, including a succession plan.	Y
Explanation of any answers and additional evidence: At the time of our inspection the practice leadership team had undergone some recent changes with the retirement of the previous lead GP. The remaining GPs demonstrated a proactive approach to driving improvement and delivering high quality care to patients. The team were responsive to the inspection process and receptive of feedback provided, particularly in areas where possible improvements could be made. The practice had successfully recruited a practice pharmacist due to commence employment in February 2019. The practice advised the pharmacist would provide additional support with medicines optimisation at the practice and relieve pressures on GP time.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y

Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice mission statement was:</p> <ul style="list-style-type: none"> • 'The practice aims to provide high quality care within the available resources and adapt to the changing landscape in provision of care working with our cluster practices with an aim of working towards primary care home format. • The practice aims to be efficient making best use of its capacity and resources • The practice is working towards developing a highly skilled workforce with high morale and good work life /balance.' <p>Although not all staff we spoke with were aware of the specific mission statement, all staff were able to describe the principles and shared aim to provide high quality care for patients.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw there was a strong focus on staff well-being. The practice operated a zero-tolerance approach towards violent and aggressive behaviour. In addition, staff had access to a counselling service provided confidentially by the practice.</p> <p>Communications with affected people demonstrated duty of candour had been applied, and staff we spoke with demonstrated a good knowledge of duty of candour.</p>	

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

Source	Feedback
Interviews with staff	Staff we spoke with described a positive work environment. They described GPs and staff in leadership roles as being approachable and supportive. Several members of staff had worked at the practice for many years and had been provided with opportunities to progress their careers. The practice supported flexible working and several members of staff were employed on a part-time

	basis.
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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 which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice had developed policies and procedures to help govern activity. Following our inspection in May 2018, the practice had formulated a comprehensive meeting structure. This included regular meetings with external organisations and stakeholders to further support good patient care.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, processes for managing safety alerts needed strengthening.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes 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: Staff were offered an annual appraisal to assess their learning needs and were given protected time to undertake training. Where appropriate, staff received regular clinical supervision and support. The practice system for managing safety alerts required strengthening. We found an alert from November 2018 which had not been actioned. The practice took immediate action and all affected patients were contacted as required. The practice provided evidence to the CQC to demonstrate a new process had been developed to improve the management of safety alerts in the future.	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Following our inspection in May 2018, the practice had formulated a comprehensive meeting structure. This included regular meetings with external organisations and stakeholders to further support good patient care.	

Feedback from Patient Participation Group.

Feedback
There was an active patient participation group (PPG) who met regularly. We spoke with a member of the PPG who informed us the PPG were valued by the practice and encouraged to provide feedback.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

The practice was working in collaboration with five neighbouring practices (known as Cluster 5 within the locality). Together the practices aimed to provide better care for their community through holistic care provision. The cluster had successfully operated a care navigation pilot scheme, which provided support to high intensity patients with complex health and social needs. At the end of the pilot, the cluster had successfully bid to continue and expand the service through the formulation of an Integrated Community Support Team. The newly formulated team, consisting of two nurses and a social work assistant, were to be based at the practice. In addition, the cluster had successfully bid for funding to provide a counsellor on site (for patients and staff), a primary care plus nurse and a dementia nurse. The cluster had also liaised with and secured funding for the mental health charity MIND to provide a counselling service for patients aged over 18 years.

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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.