

# Care Quality Commission

## Inspection Evidence Table

### Ranworth Surgery (1-570928173)

Inspection date: 18/12/2018

Date of data download: 17 December 2018

## Overall rating: Good

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

## Safe

Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs). All clinicians level three.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y
<ul style="list-style-type: none"><li>Staff knew who the lead for safeguarding was at the practice.</li><li>The practice told us relevant staff attended safeguarding meetings.</li><li>All staff had received a DBS check. There were three trained chaperones at the practice.</li><li>Patients vulnerability was identified on their medical records to support staff to provide a service to meet their needs.</li><li>There were safeguarding information on the walls of consulting and treatment rooms along with information for referrals.</li><li>We were told clinicians had excellent communication links with health visitors and school nurses when needed.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Staff records seen showed recruitments checks had been carried in line with regulation. The vaccination maintenance with re-vaccination requirements, registration numbers, medical indemnity, and revalidation status was recorded.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	July 2018
There was a record of equipment calibration.	Y
Date of last calibration:	Feb. 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.	Y
Date of last check:	Dec. 2018
There was a log of fire drills.	N
Date of last drill:	
There was a record of fire alarm checks.	N
Date of last check:	
There was a record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed.	Y
Date of completion:	Dec. 2018
Actions from fire risk assessment were identified and completed.	Y
Actions undertaken from the fire risk assessment. <ul style="list-style-type: none"> <li>• Fire drills to be conducted and recorded.</li> <li>• Fire alarm checks to be carried out and recorded.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Date of last assessment:	Dec 2018
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	Dec 2018
<p>Although we were told by the practice manager there were monthly health and safety risk 'walk rounds' of the building there was no evidence documented to show this had occurred or the actions that had been undertaken.</p> <p>After the inspection we were provided evidence of previous actions and the process the practice would take to document health and safety risk assessments for the future.</p>	

## 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:	Dec. 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
Actions from audits: <ul style="list-style-type: none"> <li>Curtain fixtures replaced.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<ul style="list-style-type: none"> <li>National pathways for sepsis were seen in each clinical room to support staff identify and assess patients with possible sepsis.</li> <li>Sustainability and cover for staff absences and busy periods was provided by training the staff to be multiskilled. The on-leave and sickness rota came into place when absences occurred.</li> <li>Staff showed us how they raised the alarm if an emergency occurred.</li> <li>We saw clinical waste was stored securely and locked-up outside at the back of the practice. Spillage kits were seen to deal with possible bio hazard events.</li> </ul>	

## 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
<ul style="list-style-type: none"> <li>The practice used icons and flags to identify vulnerable groups for example vulnerable children, and people at the end of their life.</li> <li>There was a procedure to ensure test results were dealt with in a timely manner and managed when clinicians were absent.</li> <li>The system used by the practice was compatible with the walk-in service and community services which allowed excellent communication between stakeholders in the local area.</li> <li>Two weeks wait and referral letters were appropriately prioritised and tracked to ensure people did not experience delays. This system was randomly spot checked daily by colleagues to ensure there were no delays.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.00	1.11	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	11.9%	10.9%	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

Medicines management	Y/N/Partial
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance 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 in place for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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 Checked June 2018
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> <li>• Appropriate antimicrobial antibiotic use at the practice was audited by the local medicine management team and supported by the practice audit clerk. The chronic obstructive pulmonary disease (COPD) nurse specialist at the practice told us there was a high prevalence of patients with breathing disorders registered. Although the number of antibacterial prescription items for the practice was above the local and national average they had worked hard to reduce the number over the last two years. They had managed this by initiating a COPD action plan to provide rescue packs with a thorough issuing procedure.</li> <li>• Prescriptions were locked away securely and tracked throughout the practice to ensure they were safe.</li> <li>• There was a procedure to manage uncollected prescriptions. Checks were made to ensure people were safe when a prescription had not been collected.</li> <li>• Monthly checks were made on high risk medicine prescribed.</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	12
Number of events that required action:	12
Significant events were reviewed in clinical and practice meetings. Any learning acquired was shared and discussed in these meetings to reduce the risk of repeated events.	
None of the events seen needed the services of the ombudsman to resolve.	

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

Event	Specific action taken
Patient complained they had seen a clinical pharmacist not a GP and had not been told prior to the appointment. Investigation showed, pharmacist had seen an appropriate condition.	Partially upheld: Reception staff were reminded they must inform patients the clinician type they will be seeing, and if necessary the reason they are appropriate.
Patient complained they could not get an appointment of their choice. Investigation showed, patient called at 1.30pm for an appointment and was offered two but declined as the time did not suit them.	Not Upheld: Two appointments offered, both declined at the time as not suitable.

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
<ul style="list-style-type: none"> <li>The medicines and healthcare regulatory agency (MHRA) alerts, were recorded showing the date alerts were received and who they were tracked to throughout the practice.</li> <li>The documented alerts showed the staff members that had actions and when they had taken. We checked patients records that had been affected by recent alerts and found they had received the required actions.</li> </ul>	

## Effective

**Rating: Good**

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help, and what to do if their condition deteriorated.	Y
Annual long-term condition and mental health review management ensured patient outcomes were monitored and improved.	

Prescribing	Practice	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)	2.69	1.26	0.81	Variation (negative)
We were told the practice was working with the local clinical commissioning group (CCG) medicines management team to reduce this figure.				

## Older people

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>All people over 75 received a letter advising them of their named GP. People over 75 were also offered a health check.</li> <li>The frailty/palliative care meetings, were held quarterly and included community nurses, end of life nurses, and a hospice representative.</li> <li>Home visits were offered to housebound patients, this included visits for example, to review long term conditions or provide flu vaccinations.</li> <li>The practice followed up older patients discharged from hospital, to ensure their care plans and medicine needs had been updated to reflect any changes.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>The practice had several Care Homes that have patients registered at the practice and regularly visited by the Nurse Practitioner or the GP when needed.</li> <li>For any housebound or vulnerable patients, we allow telephone prescription ordering and request blister packaging where appropriate.</li> <li>We were told a greater tolerance for patients not attending for their appointments and late arrivals was given to this population group.</li> <li>During the winter months, the practice told they tried to book elderly patient's appointments</li> </ul>



during daylight hours, to avoid them having to come when dark and or cold.

## People with long-term conditions

Population group rating: Good

### Findings

- All patients with long-term conditions (LTC) had a structured six-monthly review to check their health and medicines needs were being met. For patients with more complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We were told these reviews were more frequent if there were any concerns.
- Housebound people had their annual reviews undertaken at home.
- We found a co-ordinated system in place to ensure patients were seen according to their clinical need and sent reminders for their review.
- Staff responsible for reviewing patients with LTC had received specific training. The practice employed two trained specialist nurses in diabetes and chronic obstructive pulmonary disease (COPD) management. This allowed patients to receive care normally provided in secondary care at the practice, for example, the diabetic nurse specialist could provide insulin initiation, and the COPD nurse specialist could prescribe rescue packs for patients with exacerbation of their COPD. This specialist care had prevented unnecessary visits to the practice improved the patient experience and promoted their own self-management.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services, for example, an acute exacerbation of asthma.
- There was a clinical pharmacist working at the practice that provided dedicated medication reviews. The pharmacist reviewed the more complex cases and polypharmacy issues ensuring prescribing was safe patients were educated on the best use of their medicine.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Practice warfarin monitoring was undertaken.
- Flu vaccinations were offered to all patients with a LTC annually.

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)	77.7%	76.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.7% (34)	6.8%	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)	77.7%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.4% (38)	5.0%	9.8%	N/A

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)	78.1%	79.1%	80.1%	No statistical variation
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Exception rate (number of exceptions).	9.2% (55)	8.5%	13.5%	N/A
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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)	80.7%	74.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (29)	4.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.5%	87.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.8% (35)	9.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	90.2%	81.4%	82.6%	Variation (positive)
Exception rate (number of exceptions).	2.1% (31)	2.7%	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)	81.1%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (5)	4.7%	6.7%	N/A

Any additional evidence or comments
Practice quality performance data for long term condition management showed their achievement was above for many indicators, or of no statistical variation when measured against local and national practices.

## Families, children and young people

Population group rating: Good

### Findings

- We were told children under the age of five were automatically given priority when requesting appointments, and where possible asked to come in as soon as they can.
- All staff had completed the appropriate safeguarding training. Receptionists knew who the safeguarding lead was at the practice and how to raise a concern.
- The practice had a process 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.
- A mid-wife attended the practice once a week for antenatal and postnatal patient supervision.
- The practice had arrangements for following up failed attendances of children's appointments. For example, following an appointment in secondary care they liaised with health visitors when necessary.
- Once a month on a Saturday morning an immunisation clinic outside of school hours was provided to improve patient uptake and outcomes.
- The practice new website that encouraged patients use online services via a comprehensive digital practice. The website had national and local patient help to support patients with self-help.
- Patients in the population group that had been admitted to hospital for an 'over-night' stay were called by a member of the nursing team to ensure they have everything they needed and that any post discharge needs or care were met.
- We were told that patients were encouraged to participate in smear, bowel, mammogram, and AAA programmes. If a female patient presented to any of the clinicians, and their smear was overdue, the nurses would fit them in while they were at the practice for the test.

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)	79	88	89.8%	Below 90% minimum (variation negative)
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)	79	89	88.8%	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)	78	89	87.6%	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)	77	89	86.5%	Below 90% minimum (variation negative)

### Any additional evidence or comments

- Childhood immunisation uptake rates was lower than the World Health Organisation (WHO) targets.
- We asked the practice about these lower rates. We were told this was why a Saturday morning

immunisation clinic once a month to increase the uptake at a convenient time for working mothers and school aged children.

## Working age people (including those recently retired and students) Population group rating: Good

### Findings

- On line appointments, SMS text reminders and electronic prescribing (to the patients chosen pharmacy) and repeat prescribing were available.
- NHS Health Checks were available and medical checks for workers provided.
- The practice had systems to inform students to have the meningitis vaccine, before attending university for the first time.
- Private medicals were available for those that needed them.
- There were daily telephone appointments available for problems that could be discussed on the telephone, to support this population group without the need for them to attend the practice premises.

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)	74.8%	74.4%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	67.2%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	55.8%	60.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	62.1%	65.2%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	49.2%	55.5%	51.6%	No statistical variation

### Any additional evidence or comments

The cancer indicators influenced by the practice for example, by monitoring, reminding and referring people in a timely manner, showed no statistical variation with local and national practices.

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- The practice is an accredited 'Dementia Friendly Practice'. Both clinical and non-clinical staff had received dementia training.
- A representative from 'Action for Carers' promotes and provides support, advice and guidance for carers during a weekly session in the waiting room.
- We were told a greater tolerance approach was given to this population group when considering

patients who did not attend for their appointments and late arrivals.

- A representative from Community Voluntary Services Tendring (CVST) provides a one afternoon bi-weekly session in the waiting room offering support and guidance to any patients that may benefit from their services. In conjunction with this service the practice offers free soup and roll vouchers, and the practice holds 'Winter Packs' that include thermals, hats, gloves, scarfs etc. to give to vulnerable adults and children.
- The practice had developed close links with 'STARS' an organisation to support disadvantaged children and 'Open Road' an organisation that supports people's recovery from the harmful effects of drugs, alcohol and other addictions.
- One of the GP partners was trained and qualified to deliver learning disability (LD) Health checks.
- We saw a high priority alert on the home screen of each patient considered vulnerable so that staff could provide the flexibility needed for this population group when requesting appointments.
- All staff members had received up-to-date online training to safeguard vulnerable adults and children.

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

**Population group rating: Good**

### Findings

- The new appointment system allowed all patients in this population group access to speak with a GP within two hours of requesting an appointment. The practice told us this ensured continuity for patients with severe mental health issues to access a regular GP, on the day.
- The patients in this population group were identified on the home screen of their medical records to aid staff provide with the information needed to provide for their service needs.
- Patients admitted to hospital for an 'over-night' stay, were called by a member of the nursing team to ensure they have everything they needed post discharge.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing annual health checks. During annual health checks interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were provided.
- There was a system to follow-up patients who failed to attend for their review of long-term mental health medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them 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.
- Patients and their carers were provided a link when appropriate to the NHS dementia website guide, this was also available on their website.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.7%	84.6%	89.5%	No comparison available
Exception rate (number of exceptions).	24.0% (12)	7.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.1%	84.1%	90.0%	No comparison available
Exception rate (number of exceptions).	30.0% (15)	6.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.1%	80.0%	83.0%	No comparison available
Exception rate (number of exceptions).	6.9% (5)	8.0%	6.6%	N/A

#### Any additional evidence or comments

The practice mental health quality performance data showed they exceeded local and national practices due to their effectiveness and responsiveness.

We were told the practice higher exception rates for mental health related indicators was due to the compliance of patients in this population group that did not attend appointments. The practice population has the lowest deprivation in the country and often move without letting the practice know. We were shown the process used to except patients and found it met national guidance.

#### 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)	551	525	537
Overall QOF exception reporting (all domains)	5.3%	4.4%	10.1%

	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

- An audit undertaken in May 2018 identified 15 patients over the age of 90 who had not been seen by a GP or nurse within the last 12 months, to check on their health, medicines and other care needs. The patients were contacted and a health assessment provided, with their consent. A repeat audit in July 2018, identified that all patients had been reviewed and their health care needs met. If patients agreed, a holistic assessment was completed and a care plan implemented.

- The practice commissioned an external audit organisation to identify patients that could be added to their long-term condition (LTC) management registers. An audit was carried out in October 2018. By extending the criteria for patients with marginal diagnostic readings, the searches undertaken were able to identify and add these patients to LTC registers. These searches identified 647 patients. The patients identified in these searches, and added to the registers will benefit for the future from regular monitoring and improved patient outcomes.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
We found staff records showed staff development, performance, professional revalidation, training, and competency checks where required.	

## 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
Multi-disciplinary palliative care meetings were held quarterly. We saw evidence of co-ordinated care and treatment decisions in the minutes taken during these meetings.	

## 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

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)	96.3%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (17)	0.7%	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
Records seen showed patient consent was recorded, this included verbal consent when appropriate.	



## 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
There were automatic door openers at the entrance of the practice and all clinical and consultation rooms were on the ground floor to support access to those with reduced mobility.	

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients	Staff are very caring, and the receptionists are polite.
	GPs and nurses provide really good care.
	Treatment feels safe and the practice is always clean.

## 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
7931	261	103	39.5%	1.30%

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)	80.8%	85.7%	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)	78.7%	84.2%	87.4%	No statistical variation

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.8%	94.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	86.0%	78.8%	83.8%	No statistical variation

Any additional evidence or comments
<p>The practice developed an action plan from the three lowest scoring indicators within the GP national patient survey. The first area of action related to a caring indicator within the survey.</p> <p>1<sup>st</sup> area where the surgery performed lower: 64% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term conditions.</p> <ul style="list-style-type: none"> <li>Action: Since the summer of 2018 'Action for Carers' and 'Tendring Community Voluntary Services' spend one session per week in the waiting room offering support, guidance and signposting to appropriate patients.</li> </ul>

### Any additional evidence

The practice monitored and reviewed 'Friends and Family' returns to understand patient satisfaction improvements when needed.

Feedback from GP appraisals showed most responses were very good, or good for:

- Making them feel at ease.
- Listening to them.
- Assessing their condition.
- Explaining their condition and treatment.
- Decisions about treatment.
- Providing treatment.

### 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.	Patients told us they were involved in their care and treatment decisions and were given the opportunity to make choices about their care.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	86.2%	92.1%	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 On request
Information about support groups was available on the practice website.	Y
We saw a range of information leaflets from various support organisations in the waiting room and available on the practice website. Staff told us they had access to and used 'The Big Word' if an interpreter was needed.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 114 carers, this equates to 1.4% of their patients.
How the practice supported carers.	<p>Information is available in the practice and on the website.</p> <p>The practice was in contact with several agencies such as Age UK, 'Action for Carers', and 'Tendring Community Voluntary Services' for information about services for carers.</p> <p>The administrative staff were aware of the need to identify and code carers on the patient record system. This allowed staff to be flexible when offering support or appointments.</p> <p>Patients on the carers register were reviewed annually to check they had received a health check and a flu vaccination.</p>
How the practice supported recently bereaved patients.	Staff told us if families had suffered a bereavement, their GP or nurse contacted them to offer an appointment when appropriate. Staff updated the patient records in a timely way.

### 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
The reception area supported confidentiality. Patients were asked to stand back if there was a queue at the reception desk. Paperwork, prescriptions and pathology forms waiting to be collected were located away from the desk to ensure they could not be seen by patients waiting at reception.	

## Responsive

**Rating: Good**

**Responding to and meeting people's needs**

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

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

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm

### Extended Access

The practice opens the 1st Saturday of every month
The practice worked with other GP practices in the Clacton GP Alliance to deliver extended opening hours, after 6.30pm weekdays, and 8.30am to 6.30pm at weekends.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7931	261	103	39.5%	1.30%

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)	92.7%	94.0%	94.8%	No statistical variation

## Older people

Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. Home visits and urgent appointments were provided for those with enhanced needs and complex medical issues.
- The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- We were told people over 75 were given an appointment when they requested as they appreciated older people may need to be brought to the practice.

## 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 community nursing team to discuss and manage the needs of housebound patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The practice held monthly meetings with the local multidisciplinary team to discuss and manage the needs of patients.
- In addition, a pain clinic provided by a consultant from Broomfield Hospital was available at the practice to reduce travelling and parking at the Hospital.

## Families, children and young people

Population group rating: Good

### Findings

- Appointments were available before and after school hours so that school age children did not miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances or at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Extended opening hours, working with the Clacton GP Alliance group delivered appointments after 6.30pm during weekdays and from 8.30am to 6.30pm at the weekends.
- On-line and mobile technology was available for all patients that have consented to use it. On-line appointments were available and SMS texting was used to remind patient of upcoming appointments.
- Repeat prescribing and electronic prescribing service (EPS) was available, enabling patients to collect medication from their preferred pharmacy.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. This was confirmed on the day by parents that spoke to us.
- If a parent or the school had concerns relating to a child's hearing, the practice could make a referral without the child having to see a GP.

## 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.
- There was extended access from 6.30pm to 8pm Monday to Friday, and appointments on Saturday's and Sunday's were available as the practice was part of the Clacton GP Alliance to

support this population group.

- Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email.
- Consultations were available over the phone when appropriate to add greater access for this population group.

## 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 could 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.
- The people on the vulnerable register were reviewed every three months, to ensure they had been seen or contact had been made.

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

**Population group rating: Good**

### Findings

- The practice told us their population demographic had a high number of patients with mental health conditions, including depression.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Double length appointments were provided for mental health patients with complex needs.
- Staff we spoke with understood how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment appointment to detect possible signs of 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 absolutely necessary.	Y

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	55.6%	61.1%	70.3%	N/A



Indicator	Practice	CCG average	England average	England comparison
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)				
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)	57.3%	61.9%	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)	57.8%	61.1%	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)	67.4%	71.0%	74.4%	No statistical variation

#### Any additional evidence or comments

The practice developed an action plan from the three lowest scoring indicators within the GP national patient survey. The second and third areas in the plan related to responsiveness.

2<sup>nd</sup> area where the surgery performed lower: 48% of respondents were offered a choice of appointment when they tried to make a GP Appointment.

Action: With the introduction of telephone triage, where possible the GP will always look at the patients records to ensure continuity for both the patients and GP.

3<sup>rd</sup> area where the surgery performed lower: 56% of respondents find it easy to get through to this practice by phone.

Action: This had historically been an issue, therefore in December 2018, 3 additional lines have been purchased.

Source	Feedback
NHS Choices	Telephone access ★★★★★ based on 25 ratings.
	Appointments ★★★★★ based on 25 ratings.
	Dignity and respect ★★★★★ based on 25 ratings.
	Involvement in decisions ★★★★★ based on 25 ratings.
	Providing accurate information ★★★★★ based on 25 ratings.
	We saw all patient feedback was reviewed and answered by the practice manager, to acknowledge and provide information with regards to their comments.

#### 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.	12
Number of complaints we examined.	2

Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
We saw that learning from complaints were discussed with staff in practice meetings.	

Example(s) of learning from complaints.

Complaint	Specific action taken
<p>1. Failure to receive urgent prescription request.</p> <p>Complaint raised from Podiatry regarding a request for an urgent prescription for antibiotics. Was told there was nobody at practice to deal with request.</p>	<p>This complaint was upheld.</p> <p>Investigation: Staff member stated there was nobody in administration to deal with a prescription request via email. Practice manager (PM) was out of the office however could have been reached to provide advice by phone.</p> <p>Learning: All staff were reminded of the process if PM was not in office</p>
<p>2. Failure to answer phone in a timely manner.</p> <p>Complaint from patient that said they had tried to get through on phone for two weeks and on one occasion the phone had rung constantly for 18 minutes.</p>	<p>This complaint was not upheld.</p> <p>Investigation: Upon checking phone recordings, the patient had called seven times in two days, the longest wait time on hold was four minutes, 26 seconds.</p> <p>Learning: Always check records to verify details.</p>

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	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

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The practice was very clear with us during the inspection that their vision was 'To provide high quality accessible healthcare for all', their vision was prominently positioned in the waiting room for patients to read.	

### 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

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

Source	Feedback
Staff members	We were told the management and clinicians were all visible daily, supportive and accessible.
	Staff told us they were encouraged to raise concerns, suggest new ideas, and they felt listened to. Staff also told us they had been given opportunities for training and development.
	Staff were kept informed and updated with information and changes in processes or procedures regularly during practice meetings.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Review dates within policies and procedures were well managed and updates were seen to meet current guidelines and legislation.	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
We saw a range of clinical and administrative audits to monitor patient outcomes and internal administrative processes to show performance and understand where improvements were needed.	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
We saw staff performance was reviewed within annual appraisals.	

### 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
The staff told us they were encouraged to be involved with planning and improving services at the practice. New staff told us they had received a comprehensive induction, and were not expected to work unsupported until they were comfortable with their role.	

## Feedback from Patient Participation Group.

### Feedback

The participation group (PPG) held meetings on a quarterly basis and the minutes were available for all patients to access on the practice website. It was clear in meeting minutes that PPG members were kept informed of any changes or challenges at the practice. We also saw PPG members opinions were sought and changes made when appropriate.

## Continuous improvement and innovation

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

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

### Examples of continuous learning and improvement

- The practice recognised not only their own patient needs but the local population needs. One of the GP partners was a GP with special interest in headaches. The practice provides this clinics for this service for all GP practices in the North-East Essex CCG area.
- The practice has become an accredited Alzheimer's Society practice.
- The practice has been recognised as a 'Dementia Friendly' practice by North East Essex CCG.
- The practice hosts a weekly session in the waiting room from 'Action for Carers' to promote support and provide, advice and guidance for carers. We were told this has increased the practice carers register to ensure services are provided for these patients.
- As a practice working within the Clacton GP Alliance patients are provided access to primary care in extended hours for example 6.30pm to 8pm and at the weekends.
- Following a successful audit of their patients over 90 years of age, we saw plans the practice was making to audit the 80 to 90-year olds.
- We saw that two nurses working at the practice were being supported by the practice to undertake specialist nurse training for long term condition management.
- The practices in the Clacton GP Alliance were exploring the possibility of employing and sharing a specialist mental health nurse to work across the nine practices and provide in house clinics. Clacton.
- A recent change to the website accelerates productivity by encouraging patients to do more online via a comprehensive digital front screen. This includes national and local patient self-help support in a more user-friendly method.

#### 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.