

Care Quality Commission

Inspection Evidence Table

Old Hall Surgery (1-554022476)

Inspection date: 22 January 2019

Date of data download: 16 January 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

Safety systems and processes

Overall 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
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
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The safeguarding policies had been reviewed and updated within the last 12 months. The procedures contained details about and included links to external organisations for further guidance on safeguarding concerns such as modern slavery, Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities) and female genital mutilation (FGM).</p> <p>The practice met with the health visitor and midwives once a month to discuss any concerns regarding patients. The provider told us there were close links with the health visiting service who were contacted for advice and to discuss referrals.</p> <p>There was a system in place to train staff to act as chaperones. Staff spoken with were fully aware that they could not act as chaperones without a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)</p> <p>The training records did not demonstrate that two clinical staff had completed safeguarding adults training for their role. Following the inspection the practice manager provided us with dates when this would be attended.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
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>We looked at a sample of five staff recruitment files, including the records of two agency locum GPs. Two DBS checks had been used from a previous employer. Evidence of physical and mental suitability of staff for their role was not recorded. A template to ensure this information is recorded for future employees was provided following the inspection.</p> <p>We reviewed a sample of documents which demonstrated appropriate vaccination checks, checks of registration with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) were taking place and staff had liability insurance.</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: 21/03/2018	Y
There was a record of equipment calibration. Date of last calibration: 30/01/2018	Y
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: 11/01/2019	Y
There was a log of fire drills. Date of last drill: 09/01/2019	Y
There was a record of fire alarm checks. Date of last check: 18/01/2019	Y
There was a record of fire training for staff. Date of last training: Various dates	Partial
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 24/04/2018	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The training records indicated that four clinical staff had not completed fire safety training. Following the inspection the practice manager told us how this would be addressed.</p> <p>We found one item of equipment in a GPs bag taken on home visits had not been calibrated. This was removed from the bag at the time of the inspection and it was reported that an alternative was available until this item had been tested.</p> <p>Action had been taken in relation to the fire risk assessment. There was one outstanding action which the practice manager told us they were in the process of addressing.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30/05/2018	Y
<p>Explanation of any answers and additional evidence:</p> <p>Some of the arrangements for premises/security were documented in separate assessments and some were in place but not recorded. Discussions with staff indicated there were clear arrangements to</p>	

promote security. These arrangements were documented and this assessment was provided to us following the inspection.

One of the administrative staff had completed a training course in building health and safety and they carried out a weekly check of the premises to identify any hazards.

Patient records were contained on open shelves. A risk assessment was in place to ensure that the room where they were stored was kept locked. However, the security of these documents needed to be reviewed to protect from risk of damage and inappropriate access to patient information. Following the inspection, the practice manager advised us that they were assessing the most appropriate way to address this.

Infection prevention and control

Overall 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.	Partial
Date of last infection prevention and control audit: 23/08/2018	Y
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: The training records indicated that three clinicians had not completed infection control training. This was planned for April 2019 (face to face) and there was an e-learning module that could be completed in the interim.	

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
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
Explanation of any answers and additional evidence: Sepsis identification flow charts were in all clinical rooms and in the reception area. In-house training had been provided in identifying patients with possible sepsis and the action to take.	

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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

Overall 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>	1.33	0.98	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) <small>(NHSBSA)</small>	9.3%	10.3%	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.	Partial
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.	Partial
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	N/A

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols 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> <ul style="list-style-type: none"> • The practice monitored prescribing to ensure this was safe and effective. The practice recognised that improvements were needed to the number of medication reviews carried out and had employed a clinical pharmacist to manage patient medication and reviews. The pharmacist was also reviewing patients on ten or more medications to ensure appropriate prescribing. • A monthly check was carried out of patients on antipsychotic medication who had not been issued medication in the past three months to determine why and for the GP to contact the patient if required. • The provider told us that they monitored the consultations, referrals and prescribing of locum and salaried clinicians. A record of these checks was not recorded. A template to record this was provided following the inspection. • Prescriptions were left in printers outside of working hours. The rooms were lockable, however prescriptions should be removed from printer trays and locked away when not in use or out of hours. • We found two out of date medications in a GP bag taken on home visits. The medication was removed from the bag. We were informed that medication was not routinely taken on home visits. There was a box of readily available emergency medication for home visits that was regularly checked to ensure it was in date. A decision as to whether to take this was made prior to the home visit. • We found that medication was managed safely. However, the medication procedure did not reflect the current system for the management of repeat prescribing. Following the inspection we were provided with evidence that this procedure had been updated. 	

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:	7
Number of events that required action:	7

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

Event	Specific action taken
Patient prescribed the incorrect dosage of medication following discharge from hospital. Once identified the dosage was not immediately amended. Long term conditions had been reviewed but the incorrect dosage not identified.	An apology was made to the patient. A system was introduced for two clinicians to check discharge summary medication changes to decrease errors (Medicines Manager and Prescribing GP). Medication reviews now include a check of medication dosages and GPs have been reminded that medication dosing errors should be corrected immediately and decisions should not be deferred.
The code for a medical condition was added to the incorrect patient records. This was identified when a GP contacted the patient to discuss their health.	The scanning/workflow protocol was reviewed to see if the correct procedures were followed when entering codes into patient notes. The protocol was updated with a step by step guide to reduce errors.

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

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was not 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

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)	1.35	0.74	0.81	No statistical variation

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.
- The practice followed up on older patients discharged from hospital. It ensured that they were receiving appropriate care and medication.
- The practice was working with neighbourhood practices and the integrated care team which included health professionals such as a doctor, district nurses, occupational health therapists and a community matron, to review the needs of older patients at risk of hospital admission. A doctor based within the integrated team visited patients referred to them by the practices to support patients at home where possible and reduce emergency admissions to hospital and use of emergency services.
- Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. The nurse visited with the GP once a month to monitor physical health and provide any immunisations.

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People with long-term conditions

Population group rating: Good

Findings

The practice kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu.

A system was in place for patients with long-term conditions to be recalled for an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The advanced nurse practitioner visited patients at home who were assessed as needing a home visit.

The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. It was reported that this service was beneficial in reducing access to the out of hours and accident and emergency services.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.8%	81.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.2% (61)	11.6%	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)	75.5%	81.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.8% (22)	8.0%	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>	82.5%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (39)	12.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.0%	76.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (5)	6.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.1%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (8)	13.8%	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)	80.2%	84.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (20)	3.5%	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)	80.9%	89.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.6% (10)	6.9%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were overall in line with the World Health Organisation (WHO) targets. They fell below the target rate in one area. The practice was taking action to ensure that the 90% target was reached for all immunisations by offering opportunistic screening, flexible appointment times and contacting the health visiting service when appointments were missed to encourage attendance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and liaised with health visitors when necessary.
- Young people could access services for sexual health.

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)	51	58	87.9%	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)	75	76	98.7%	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)	75	76	98.7%	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)	74	76	97.4%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: add rating here

Findings

- The practice offered health checks to patients aged 40 – 74 which included cholesterol and blood glucose checks to help identify potential health risks. Health screening checks were also offered to patients aged 16 and over and as part of this urine testing was offered to test for diabetes. The clinicians told us how they ensured there was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
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	71.6%	75.3%	71.7%	No statistical variation

49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.9%	78.1%	70.0%	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)	53.9%	60.2%	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. (01/04/2017 to 31/03/2018) (PHE)	58.3%	74.4%	70.2%	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)	57.9%	53.3%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 72%, which was in-line with the CCG and national average but below the 80% coverage target for the national screening programme. To increase coverage of cervical screening the practice offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.
- The practice's uptake for breast and bowel cancer screening was in-line with local and national averages.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held meetings and communicated with health and social care professionals to ensure that end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients with a learning disability and offered annual health checks to these patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Alerts were placed on the records of patients who needed additional support, for example, if they were unable to read or needed an interpreter service.

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

Population group rating: Good

Findings

- GPs worked with specialist services to review care and to ensure patients received the support they needed. Quarterly meetings were held for patients on the mental health register with the mental health team to discuss the needs of and support provided to patients.
- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The majority of staff had received dementia training which raised awareness of recognising and supporting patients with dementia and their families.

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)	96.5%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	24.0% (18)	13.3%	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)	95.6%	91.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.3% (7)	11.1%	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)	74.4%	79.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.9%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.2	549.6	537.5
Overall QOF exception reporting (all domains)	5.0%	4.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a 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 of patients with no spleen was carried out in January 2018 to identify patients at risk of severe infection due to not being fully immunised. Patients identified were contacted and advised to book an appointment for immunisations. A re-audit was planned.
- In January 2017 an audit was undertaken of female patients who have had gestational diabetes and the action taken following childbirth due to the risk of developing type 2 diabetes. Patients at risk were identified and invited to attend for a blood test. A re-audit was carried out in February 2018. This identified that some patients did not attend for blood testing and some were pregnant. A system was developed to remind clinical staff when annual blood testing was due and further reminders were sent to patients who did not attend.
- An audit was carried out in December 2018 to ensure that patients who had poorly controlled INR levels (ability of the blood to clot) and were potentially at risk of a deterioration to their health, were on the most appropriate treatment. Patients were contacted and it was assessed if an appropriate medication should be considered. Further patients were identified to be monitored to ensure their current medication continued to be appropriate.

Effective staffing

Overall, 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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice supported staff to develop their skills. Two non-clinical staff were being supported to undertake a leadership training course. The health care assistant had completed the Care Certificate in 2017. The provider told us that they monitored the consultations, referrals and prescribing of locum and salaried clinicians. A record of these checks was not recorded. A template to record this was provided following the inspection. The training records showed that some clinicians had not completed fire safety, adult safeguarding, infection control and information governance. Following the inspection, we were provided with a plan to show how this would be addressed. 	

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.	Y

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) <small>(QOF)</small>	96.2%	96.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (8)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: There was an equality and diversity protocol to provide guidance to staff.	

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	I always find the service good. I feel listened to and supported.
	I know the practice has had it hard the last 12 months with getting GPs but it's always a first-class service.
	Staff are caring and understanding.
	I was happy with my consultation. I was referred promptly and appropriately.
	I have always felt respected.
	A good standard of service has always been maintained.

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
5733	306	91	29.7%	1.59%

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)	89.7%	92.3%	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)	90.8%	90.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.4%	97.9%	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)	76.3%	86.4%	83.8%	No statistical variation

Any additional evidence or comments

The practice was a little below local and national averages for the number of respondents to the GP patient survey who responded positively to the overall experience of their GP practice. The practice manager reported that there had been a high use of locum GPs at the practice as they had been unable to recruit salaried GPs. There had also been changes to the salaried GPs and partners who had worked at the practice. There was a plan in place to promote greater continuity of clinicians. The two salaried GPs were becoming the partners for the practice and would be working full time. It was anticipated that this would result in locums not being needed.

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

Any additional evidence

A survey was carried out regarding the telephone system following patient feedback through the National Patient Survey. The results showed that there were mixed views about how easy it was to get through by telephone. Some patients said they would like the greeting to be shorter. This has been addressed. Responses indicated patients would like a queueing system. This has been costed and discussed with the partners, however plans to put this in place were on hold due to a possible move to a new building.

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
Explanation of any answers and additional evidence: Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget. This had been updated since the last inspection to provide details of changes and new services.	

Source	Feedback
Interviews with patients.	We spoke with five patients, some comments included: - The nurses are very good with long term condition reviews. Staff are polite, caring, accommodating and respectful. A brilliant service.

	<p>I'm absolutely happy.</p> <p>No complaints. It's fine.</p>
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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)	93.8%	95.7%	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
<p>Explanation of any answers and additional evidence:</p> <p>Information leaflets could be made available in other languages and in large font format on request.</p> <p>There were easy read leaflets for testicular and breast checks available in the waiting area.</p>	

Carers	Narrative
Percentage and number of carers identified.	361 (6%)
How the practice supported carers.	There were two carer's leads who identified carers and provided them with relevant information about GP and local services. The carers leads had regular contact with the Carers Trust so they could provide patients with up to date information. There was a carer's notice board in the waiting area which provided useful information, for example, about local support services.
How the practice supported recently bereaved patients.	Recently bereaved patients were provided with an information booklet that provided guidance, advice and the details of support organisations. If assessed as appropriate the patient was contacted by a GP to discuss any support that may be needed. Bereaved patients could also be referred for counselling.

Privacy and dignity

The practice respected / did not always respect 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.	Partial
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The building had a small number of rooms and it could be difficult to offer a private room for patients who were distressed or who wished to speak to reception staff in private. The waiting area and reception were small and close together. Privacy was promoted at reception by playing music and having a television information screen.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice manager told us that over the past two years there had been periods when they had struggled to recruit salaried GPs. The GP partners provided appointments to address this initially but this was not sustainable as they worked at other practices. As a consequence, the practice had used locum GPs when there were insufficient salaried GPs. Where possible the same locums had been used to provide consistency. There were plans in place from April 2019 for two of the three salaried GPs working at the practice currently to take over the partnership. Both increasing their current working hours to provide the practice with greater continuity. For the last two flu seasons the practice had sent out invites by text message to high risk patients. The practice nurse also visited housebound patients to provide this vaccination. Any non-attenders were followed up with a telephone call. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5733	306	91	29.7%	1.59%

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)	90.0%	96.8%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. The nurse visited with the GP once a month to monitor physical health and provide any immunisations. Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget. A room was provided to Healthbox who saw patients/carers referred by the practice for falls prevention workshops.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had a system to ensure patients were recalled for reviews of long term conditions. A text reminder was sent to patients to make an appointment. The practice was working towards reviewing all long-term conditions in one appointment. Text reminders were sent to patients at risk from influenza due to age or medical condition to offer and encourage them to attend for a flu vaccination. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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.
- All parents or guardians calling with concerns about a child under five were offered a same day appointment.
- The practice manager reported that there was a close working relationship with the health visiting service. The health visiting service were notified of any new patients registering who had children under five and on receipt of patient records any child protections concerns were shared. The practice met with the health visitor and midwives once a month to discuss any concerns regarding patients.
- Chlamydia screening was offered to young people.
- The practice referred young people aged 13 – 18 for support with smoking cessation and young people aged 11 – 19 were signposted to an on-line service for emotional and psychological support.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice promoted electronic prescription management. Prescriptions could be ordered on-line and sent to a pharmacy of choice.
- The practice publicised self-care and directed patients with minor ailments to a pharmacy.
- For patients unable to attend the practice during normal working hours. The practice could signpost and book patients in for extended hours appointments provided evenings and weekends by Cheshire and Wirral Partnership NHS Foundation Trust.
- Patients could be referred to an in-house physiotherapist (funded by an external organisation) without seeing a GP.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The needs of these patients were discussed in monthly in-house meetings to ensure they were receiving appropriate support.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services.
- The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

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

Population group rating: Good

Findings

- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A room was provided to Healthbox who saw patients referred by the practice for mental health support.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.1%	71.1%	70.3%	No statistical variation
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)	46.5%	69.9%	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)	58.9%	68.9%	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)	63.1%	77.3%	74.4%	No statistical variation

Any additional evidence or comments

- The practice manager and GP partners reviewed the feedback received from the National Patient Survey. They identified key areas for improvement and produced an action plan.
- As already indicated, the practice had experienced periods of difficulty in recruiting salaried GPs. This has led to a high use of locum GPs. A plan to address this was in place with two salaried GPs becoming the partners and working full-time at the practice.
- To improve the appointment system the practice had now made all appointments bookable online for patients giving them a choice of how to book. The practice was promoting E-Consult to enable

patients to consult online without coming in to see a GP. The practice had employed an advanced nurse practitioner. A pharmacist (employed externally through a pilot project) was undertaking medication reviews and assessments. The booking of appointments had been reviewed to ensure appropriate use of appointment times. The practice had implemented Releasing Time for Care (non-clinical staff had received training in how they could reduce the administrative workload for GPs therefore giving them more time to see patients). The practice was also advertising the availability of appointments in the extended hours service operated by another provider which could offer appointments with a GP or nurse and with other services such as physiotherapy and phlebotomy.

- A survey was carried out regarding the telephone system following patient feedback through the National Patient Survey. The results showed that there were mixed views about how easy it was to get through by telephone. Some patients said they would like the greeting to be shorter. This has been addressed. Responses indicated patients would like a queueing system. This has been costed and discussed with the partners, however plans to put this in place were on hold due to a possible move to a new building

Source	Feedback
Patient interviews	We spoke to five patients. All said they could get an appointment when they needed one. Two said that appointments didn't always run to time.
Comment cards	We received 22 comment cards. All were positive, however four identified some areas for improvement. Two said there could be a delay in getting an appointment, one said it was difficult to get through to the practice by telephone in the morning and one said that the GPs keep changing.
Healthwatch	Healthwatch had received feedback from five patients over the last twelve months which had been shared with the practice. Three were positive about the service received. One indicated there could be a delay in getting an appointment and one said that there were too many changes of GPs.

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.	6
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Breach of patient confidentiality.	The complaint and outcome was shared at a staff meeting where all staff were reminded of the importance of ensuring patient confidentiality is protected. All staff were provided with an up to date confidentiality protocol.

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, including a succession plan.	Y
Explanation of any answers and additional evidence: The current partnership understood the challenges to quality and sustainability and as a consequence had decided not to continue with the partnership for the Old Hall Surgery. A plan was in place for two of the salaried GPs to take over the contract from 1 April 2019. The current partnership was supporting the proposed new partners and had funding agreed from the Clinical Commissioning Group (CCG) to continue this support for a designated period from 1 April 2019.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a statement of purpose which indicated that its purpose was to work in partnership with patients and staff to provide the best primary care services possible working within local and national governance guidance and regulations. The mission statement for the practice was to provide an appropriate and rewarding experience for patients whenever they needed support with the core values amongst the partners and staff being openness, fairness, respect and accountability.	

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 interviews	<ul style="list-style-type: none"> • They told us there were positive working relationships between staff and teams. • Staff stated they felt supported and valued. • Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. • They told us there was good communication between all staff.

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:	
Staff had responsibility for different areas which ensured these areas were being overseen and monitored. For example, there was a lead member of staff who monitored the quality indicators, lead for	

safeguarding, medicines management, infection control, carers and complaints.

The provider had policies and procedures in place to support the delivery of the service.

There were regular meetings to discuss the care of patients. For example, there were monthly meetings with external professionals to discuss child health and welfare and to discuss the needs of patients with high risk and/or complex needs.

Internal meetings took place to look at the operation of the practice. This included monthly meetings with the whole staff team and clinical meetings. The partners had not been able to attend these meetings in the last 6 months. The practice manager told us that they were in regular contact with the manager of the service (a partner) to discuss the operation of the service and provided them with regular information about any complaints or significant events.

The practice had a five-year development plan which included changes the practice wanted to make to improve the premises, staff development, communication and information technology.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems 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.	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

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

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Patients at the practice were able to feedback via text message or written comments. The practice manager told us they reviewed the comments to identify areas for improvement. From August to December 2018 65 comments were received and 62 (95%) were either extremely likely or likely to recommend the practice to family and friends.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had a Patient Participation Group (PPG). We met with three members of the PPG who told us that they were kept informed about changes at the practice, asked their opinion and felt listened to. They said that changes had been made at the practice as a result of their feedback. For example, the waiting area had been re-organised. The PPG members told us that the main issues at present affecting patients were continuity of GPs and getting through to the practice by telephone. Both issues have been discussed with the practice manager who has informed the PPG of the action being taken. PPG meetings were held regularly and the minutes from these meetings were on the practice website for patients to view.</p>

Any additional evidence
<p>A quarterly newsletter was produced for patients with the latest being for January – March 2019. This provided useful information about changes to the practice, staffing and access. This was made available in the waiting area and on the practice website.</p>

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	
<ul style="list-style-type: none">• The practice won an award from the CCG for being the Biggest Improver in the use of Alternative Community Services, Avoiding Emergency Admissions in 2018. The practice had improved its use of community resources and reduced emergency admissions to hospital by almost a third compared to the same time period twelve months ago.• The practice implemented the Releasing Time for Care Programme in 2018. Non-clinical staff had received training in how they could reduce the administrative workload for GPs therefore giving them more time to see patients.• The practice had employed a project manager to work with reception staff to develop a non-clinical triage template to enable reception to book patients in for the most appropriate service to make better use of resources such as GP appointments and improve sign posting. This template had been shared with all local GP practices.• The practice had enrolled in the Primary Care Network Development Programme to work together with nine other local practices to improve services for patients, increase sustainability and resilience of GP services.• The practice had introduced a new computer system to improve information sharing and planning.• There were plans for the practice to move to alternative premises that would offer more space, modern facilities and parking.• The practice had saved over £17,000 in the last 12 months by taking part in a prescribing pilot which looked at how to reduce over ordering of medication and medication wastage.	

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.