

# Care Quality Commission

## Inspection Evidence Table

### Westcroft House Surgery (1-562692002)

Inspection date: 11 December 2018

Date of data download: 20 November 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
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 require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 16/07/18
There was a record of equipment calibration Date of last calibration:	Y 5/4/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y July 2018
Actions were identified and completed.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 12/9/18
Health and safety risk assessment and actions Date of last assessment:	Y 12/9/18

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y 19/4/18 Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	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*
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	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
Explanation of any answers:	
*Reception staff had not yet received training in sepsis, but posters explaining the signs to look for were on display behind reception. We were told reception staff were due to undertake this training soon.	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had 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

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.23	1.09	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	7.3%	8.0%	8.7%	Comparable with other practices

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management 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 audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>The medicines manager had created a template to ensure that patient medications were correct when patients were discharged from hospital. The template was checked by GPs to ensure that it was safe to make the changes to the patient medication and any concerns were queried with the hospital.</p>	

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

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to 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.	6
Number of events that required action	6

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

Event	Specific action taken
ECG machine malfunction	Changed the machine, double check at start of procedure to ensure machine is on right settings.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Alerts were sent to the medicines manager who reviewed them and emailed them to clinicians. They were then discussed at clinical meetings to decide appropriate action. The medicines manager then took the decided action and recorded this.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.51	0.51	0.83	Comparable with other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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)	87.9%	83.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (34)	16.4%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
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)	89.3%	83.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (8)	8.0%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	92.2%	82.2%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (40)	16.8%	13.5%	

Other long term conditions				
Indicator	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)	89.5%	77.6%	76.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (37)	7.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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)	97.4%	92.7%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (27)	11.4%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last bloodpressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	88.7%	85.6%	82.6%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	0.1% (1)	2.8%	4.2%

Indicator	Practice	CCG average	England average	England comparison
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)	90.4%	88.8%	90.0%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	6.3% (7)	8.3%	6.7%

**Any additional evidence or comments**

- The practice had focused on improving their care of patients with diabetes. An audit in 2018 showed that 72% of diabetic patients had a care plan in place, compared to 16% in 2011. Of those diabetic patients, 45% had achieved one of their health goals listed in the care plan and a further 10% had achieved more than one goal, which was a large improvement on the zero patients who had achieved a goal in the 2011 audit.
- As well as identifying patients with diabetes with a view to improve their care, the practice had also been proactive in identifying patients at risk of developing the condition. A review of the patient list found 686 patients who displayed risk factors for developing diabetes. These patients were then referred to a diabetes prevention programme which focused on promoting health eating and exercise. Of the 686 at-risk patients, only 70 subsequently developed diabetes.

**Families, children and young people**

Child Immunisation				
Indicator	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	35	35	100.0%	Met 95% WHO based target (significant variation positive)



doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	35	35	100.0%	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)	35	35	100.0%	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)	35	35	100.0%	Met 95% WHO based target (significant variation positive)

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

Cancer Indicators				
Indicator	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)	75.3%	77.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.3%	76.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.0%	61.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	71.4%	79.0%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	58.6%	51.0%	51.6%	Comparable with other practices

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

Mental Health Indicators				
Indicator	Practice	CCG	England	England

		average	average	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)	93.1%	93.2%	89.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (2)	10.4%	12.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	93.1%	90.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (1)	8.5%	10.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	78.8%	82.5%	83.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (2)	4.6%	6.6%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	100%	97.9%	96%
Overall QOF exception reporting (all domains)	5.4%	5.3%	5.8%

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes

## Helping patients to live healthier lives

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)	97.4%	96.1%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (7)	0.6%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

A comprehensive protocol was in place covering all aspects of consent issues likely to arise in general practice. Where appropriate, patients were asked to sign a consent form to confirm they were happy to go ahead with a procedure.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	34
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards, NHS Choices	Patient feedback about care at the practice was highly positive. Numerous comment cards gave examples of times when patients had been treated with kindness, respect and compassion. All of the cards were positive and all staff groups were praised for their caring attitude. The practice had recently taken on 500 new patients due to the closure of a neighbouring practice, and a number of the cards were from new patients expressing their gratitude to staff for how caring they had been during this time.

## 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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4936	247	114	46.2%	2.31%

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)	94.7%	90.0%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	95.0%	88.9%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.0%	96.5%	95.6%	Comparable with other practices
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)	94.7%	83.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
30/11/2018 to 07/12/2018	A survey of patients contacting the results line showed that of the 16 patients who responded all felt the practice was doing a good job of delivering their result to them and rated the service as five stars out of five. Individual comments by patients who took the survey reflected those expressed on our comment cards.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient comment cards, NHS Choices.	Patients said they were involved in decisions about their care and treatment and were able to give examples of when this had happened.

## 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)	97.4%	94.7%	93.5%	Comparable with other practices

Question	Y/N
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 easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	275 patients, approximately 6% of the patient list
How the practice supports carers	Patients who were carers often had a visit from the Care Coordinator. They were the carers' lead who signposted people to services. The local carers organisation held a monthly clinic at the practice.
How the practice supports recently bereaved patients	Patients who have suffered a bereavement were referred to the Care Coordinator, who then called them. We were told a GP would call if this was appropriate. Patients were also given information about bereavement counselling services. There was a bereavement advice board in reception.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was a private room where patients could request to speak to somebody in private.

Question	Y/N
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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 6.30pm
Thursday	7.30am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
Monday	8.30am to 10am; 4pm to 6pm
Tuesday	*7.30am to 10am; 4pm to 6pm
Wednesday	*7.30am to 10am; 4pm to 6pm
Thursday	*7.30am to 10am; 4pm to 6pm
Friday	8.30am to 10am; 4pm to 6pm
	*7.30am appointments are with a practice nurse or healthcare assistant. GP open surgery starts at 8.45am

Extended hours opening	
“Extended access” appointments were offered with a GP or nurse practitioner through another provider in nearby towns.	<p>Weekdays from 6.30pm to 10pm</p> <p>Saturdays from 8.30am to 1.30pm and 1.30pm to 5.30pm</p> <p>Sundays from 8.30am to 5.30pm</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y

If yes, describe how this was done
Receptionists put patients who call asking for a home visit on a list to be triaged. They are then called back by a GP to be assessed before they are visited. A community paramedic also does home visits for practices within the integrated care community (ICC).



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4936	247	114	46.2%	2.31%

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)	98.5%	95.8%	94.8%	Comparable with other practices

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	89.6%	71.7%	70.3%	Comparable with other practices
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)	79.6%	67.6%	68.6%	Comparable with other practices
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)	71.7%	65.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.6%	75.1%	74.4%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
NHS Choices, comment cards.	Patients we spoke to or who left comment cards or reviews on NHS Choices stated they were extremely happy with access to the service. Patients told us they were always able to get an appointment when they needed one.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
A log of compliments was also kept on the practice intranet for staff to see. Complaints handled appropriately.	

Example of how quality has improved in response to complaints
Following a complaint, further training was given to staff in order to improve their clinical skills in a particular area.

Any additional evidence
<ul style="list-style-type: none"><li>• The practice worked hard to promote self-care to all patients. There was a poster in the waiting area informing patients of ways they could better care for their own health. The medicines manager ran a quiz with staff to help them to improve their knowledge of self-care and be better placed to support patients.</li><li>• A “You Said, We Did” poster in the reception area showed some of the improvements the practice had made as a result of patient feedback. One of these was honouring a request from patients for young children and babies to be seen out of turn in the open surgery to prevent them from becoming unsettled while waiting to see a clinician.</li><li>• The practice hosted a visit from a local school. The visit served the dual purpose of making the practice a less scary place for children whilst also being an opportunity to promote healthy eating and exercise. The children were shown how various pieces of equipment worked, and were given packs to take home with information for their parents about self-care and healthy lifestyles.</li></ul>

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice recently took on 500 additional patients from within their existing boundary due to the closure of a nearby surgery. Despite this being an increase of over 10% of their previous list size, there was no disruption to the service offered to patients. The practice had received compliments from new patients about the care they were now receiving. This matched feedback we received from patients on the day of inspection.
- The practice had taken a lead role in hosting the sharing of on-the-day appointments available to patients across all practices in the integrated care community.

## Vision and strategy

### Practice Vision and values

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice mission statement was: "To provide high quality health care for our patients using comprehensive evidence based treatments within a safe environment."
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff we spoke to told us they felt well-supported.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was an emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

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

Source	Feedback
Staff interviews	Staff at the practice told us they felt supported and fully involved with the running of the practice.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	A range of practice specific policies were in place which included safeguarding, infection control, whistleblowing, health and safety.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	Full fire evacuation drills had been carried out and logs of these drills were maintained.
Infection control	There was an infection control lead who carried out the infection control audit. Managers and staff had day-to-day responsibility for maintaining good infection control standards.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

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

Feedback
<ul style="list-style-type: none"> <li>A "You Said, We Did" poster in the reception area showed some of the improvements the practice had made as a result of patient feedback. One of these was honouring a request from patients for young children and babies to be seen out of turn in the open surgery to prevent them from becoming unsettled while waiting to see a clinician.</li> <li>The practice had made changes as a result of suggestions from staff. For example, a lone worker book had been placed in reception so people knew where staff were and could contact them if they had concerns.</li> </ul>

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Urinary Tract Infection diagnosis	The proforma was changed to make triaging of suspected urinary tract infections simpler. The topic was discussed at a practice clinical meeting to raise awareness.
Audit of medication (GLP1) to aid weight loss and HbA1c reduction.	Review of patients taking this medication was more effective and patients were being taken off the medication quicker if it was shown not to be working.

### 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 comparable, 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 comparable 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	Comparable to other practices	$-2 < Z < 2$
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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weightings 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. ([See NHS Choices for more details](#)).