

# Care Quality Commission

## Inspection Evidence Table

### OHP-Victoria Road Surgery (1-4375561001)

Inspection date: 8 January 2019

Date of data download: 13 December 2018

## Overall rating: add overall rating here

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

## Safe

Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
Policies were centrally produced by the provider (OHP) and maintained on the central clinical and governance system there was an expectation that these were made practice specific. Practices could also use their own policies as part of the provider's autonomy model.	
The practice was required to submit a range of core quality markers as part of a self-declaration to the provider which included details of the next safeguarding meeting, chaperone training and DBS checks. We found that Victoria Road practice had developed a comprehensive suite of policies including those developed at a central level. These were practice specific and included a cultural and religious beliefs policy, dissemination of medicine safety alerts policy and a needlestick injuries policy.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence:	
Recruitment took place at practice level although staff were centrally employed. The provider supported member practices in relation to recruitment. For example, advertising on the website and in newsletters and with standardised job descriptions. The provider had also developed a bespoke system for recruiting locum staff from an internal bank through working with a locum agency.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y Dec 18
There was a record of equipment calibration. Date of last calibration:	Y Dec 18
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y* January 19
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y January 19
There was a log of fire drills. Date of last drill:	Y weekly
There was a record of fire alarm checks.	Y Dec 18

Date of last check:	
There was a record of fire training for staff. Date of last training:	Y May 18
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y Dec 18
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: *The practice was unable to demonstrate that the Control of Substances, Hazardous to Health (COSHH) risk assessment had operated fully as intended. We found examples of COSHH items that were not securely stored. Maintenance of equipment (PAT and calibration checks) and fire drills undertaken in last 12 months were part of the core quality markers that the practice submitted to the provider as part of a self-declaration for monitoring.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y July 18
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y* Dec 18
Explanation of any answers and additional evidence: *The practice was unable to demonstrate that the Health and safety risk assessment had operated fully as intended. We found blind loops in one out of the three bathrooms where the risk of which had not been considered. The practice told us that the bathroom was accessed by patients. *Completion of health and safety risk assessments (including legionella) and accessibility in line with the Equality act were part of the core quality markers submitted that the practice submitted to the provider as part of a self-declaration for monitoring.	

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit:	Y Dec 18
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 date of last infection control audit and score were part of the core quality markers that the practice submitted to the provider as part of a self-declaration for monitoring.	

## Risks to patients

### There were 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 all staff including temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The OHP central team were working to develop resilience within the workforce so that they could better support member practices. This included:</p> <ul style="list-style-type: none"> <li>• An internal locum pool managed through an external locum agency – both clinical and non-clinical staff who worked at an OHP practice could join the scheme and offer their availability to support and work in other practices. The practices could also put out requests for staff when needed. There were currently 35 members of staff who had signed up to working in this pool.</li> <li>• GP career plus scheme – OHP were one of 11 pilot sites developing ways in which they could retain GPs who were reaching the end of their career for example, through flexible working arrangements. There had been four GP recruited through this scheme.</li> <li>• International recruitment</li> </ul> <p>OHP advised us that the next stage was to explore and focus on recruitment of allied health professions. The Practice Managers focus group that we spoke with as part of the provider level inspection told us that they were able to share resources across the organisation such as nursing staff.</p>	

## 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
Explanation of any answers and additional evidence: There was a designated data protection officer for OHP to support practices to adhere to relevant legislation. The General Data protection regulations (GDPR) and guidance had been issued to practices to support them in complying with those regulations.	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.82	0.90	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	3.6%	7.6%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

## 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:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: Practices within OHP managed their own risks locally. The providers standard operating procedures stated that all significant events should be reported through the shared clinical and governance system enabling action and learning to be monitored centrally. These were risk rated according to their severity. There were plans that this would lead to sharing learning from across the organisation. Victoria Road practice demonstrated that they were reporting incidents and significant events through the shared clinical and governance system.	

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

Event	Specific action taken
Childhood immunisation	In response to significant events relating to childhood immunisations, the practice reviewed its policy and updated its procedures to ensure that learning was embedded going forward.
Medicines	In response to significant events relating to medicines being prescribed incorrectly, the practice reviewed its policy and procedures and put alerts on the clinical system to ensure learning was embedded going forward.

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
Explanation of any answers and additional evidence: Safety alerts were shared with practices through the shared clinical and governance system. Practices were required to give a response of relevant actions taken to provide assurances that they had acted on them. Victoria road practice demonstrated that they printed medicine safety alerts and disseminated them amongst the staff team. These were also discussed in team meetings and staff were required to sign and date them, once they had been read and understood. We saw evidence that actions had been completed in terms of patient searches and letters containing information about the alerts had been sent out to those patients.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: Practices could access best practice guidance and safety alerts through a shared clinical computer system. Staff we spoke with were aware of these and we saw that they were using them.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.45	0.81	0.81	No statistical variation

## Older people

## Population group rating: Good

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



- The practice demonstrated that they used the services of a Psychiatrist to discuss patient's needs and ongoing treatments, including dementia patients.
- Clinical staff actively screened for vitamin D deficiency and early signs of osteoporosis in elderly patients.
- The practice has signed up for the CCG led Aspiring to Clinical Excellence (ACE) programme. Palliative care was a particular focus for the practice.

## People with long-term conditions      Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff, who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice demonstrated that admissions to hospital for patients with long term conditions, including Asthma, Chronic Obstructive Pulmonary Disorder (COPD) and Coronary Heart Disease (CHD) was lower than local and national averages.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice engaged with virtual diabetes clinics to support patients, which involved meeting with multi-disciplinary professionals, including a diabetes consultant to discuss patients on the practice's diabetes register.
- The practice offered patients spirometry, 24-hour blood pressure monitoring, in-house blood tests (Phlebotomy) and heart monitoring to support the diagnosis and monitoring of patients with or at risk of developing long term conditions.
- The practice reviewed long term condition patients at least twice a year, including their medicines.
- The practice Quality Outlook Framework (QoF) achievement was higher than local and national averages in terms of patients with long term conditions. The practice also had lower than average exception reporting. (Exception reporting is intended to allow practices to "achieve" quality improvement indicators without being penalised for patient specific clinical circumstances or other reasons beyond the contractor's control. For example, where a medication cannot be prescribed due to a contra-indication or side-effect, where patients do not attend for review or where secondary care services are not available.)
- Evidence supplied to us by the practice from the primary web tool demonstrated excellence, in relation to practices in the CCG area. For example, A&E attendances and unplanned admissions were lower than the majority of practices and outcomes in relation to patients with long term conditions were higher than the majority of practices. In particular in diabetes and COPD.

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)	90.3%	80.0%	78.8%	Variation (positive)
Exception rate (number of exceptions).	15.6% (42)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.7%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.7% (26)	10.4%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	91.7%	81.2%	80.1%	Variation (positive)
Exception rate (number of exceptions).	19.3% (52)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	94.8%	76.7%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0.6% (2)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.0%	91.3%	89.7%	Variation (positive)
Exception rate (number of exceptions).	1.0% (1)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
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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)	88.7%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.9% (36)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	95.7%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	21.7% (13)	8.1%	6.7%	N/A

### Any additional evidence or comments

The practice told us that higher exception reporting relating to patients with atrial fibrillation was due to the low numbers of patients involved. The practice demonstrated that it exception reported patients in line with guidance and that only clinicians could do this.

## Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target range.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice staff were aware of and adhered to the Gillick principles and Fraser guidelines when considering consent for young people.
- The practice held regular multi-disciplinary safeguarding meetings to ensure that relevant patients were reviewed in a broad and collaborative way.
- One of the GP partners fitted contraceptive implants to provide extra capacity for appointments for patients who have family and work commitments.
- All children under the age of 18 were offered same-day appointments if necessary.
- The practice had an awareness of and had trained their staff around domestic violence and female genital mutilation (FGM). We saw patient information posters in the waiting rooms relating to these issues and staff we spoke with confirmed their knowledge and understanding. The practice demonstrated that staff had responded to domestic violence circumstances and had documented

these as significant events.

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)	65	69	94.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	54	56	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	54	56	96.4%	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)	54	56	96.4%	Met 95% WHO based target (significant variation positive)

#### Any additional evidence or comments

The provider monitored achievement of the 90% WHO target for child immunisations as part of the core quality markers submitted by practices as part of a self-declaration.

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

Population group rating: **Good**

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice uptake for cervical screening was above local and national averages. Other cancer screening, such as bowel and breast were generally in line with local and national averages.

Cancer Indicators	Practice	CCG average	England average	England comparison
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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)	73.5%	68.6%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	61.5%	64.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	47.1%	44.3%	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)	93.8%	76.5%	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)	50.0%	50.1%	51.6%	No statistical variation

### Any additional evidence or comments

The provider monitored the percentage uptake of cervical screening as part of the core quality markers submitted by practices as part of a self-declaration.

## People whose circumstances make them vulnerable

### Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice demonstrated that they supported families with no fixed abode to register.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. They took part in local improvement schemes around alcohol misuse issues within the local area and monitored records for patients that had not been screened for alcohol intake.
- The practice supported three homes in the local area, one for patients with forensic mental health, one for patients with learning disabilities and one for young adults who were leaving care.
- All eligible patients that were registered with the practice who had a learning disability were offered a health check and the practice followed up on those patients who did not attend.
- We saw evidence that the practice actively supported the needs of patients with protected characteristics as defined by the equality act 2010.
- The practice, together with the patient participation group (PPG) had ensured that information on local services for people, whose circumstances make them vulnerable, were available for patients

to access including those at local community libraries.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff, whose files we viewed had received dementia training in the last 12 months.

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)	93.5%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.5%	93.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.3%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.0%	6.6%	N/A

## Any additional evidence or comments

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	-	537.5
Overall QOF exception reporting (all domains)	5.3%	6.1%	5.8%

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

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

- Completion of two full cycle clinical audits annually was part of the core quality markers submitted to the provider by practices as part of a self-declaration. The provider requested that clinical audits undertaken were stored on the central clinical and governance system. The provider planned to share learning from clinical audits across the organisation going forward.
- The practice demonstrated that clinical audits undertaken had resulted in improved outcomes for patients. Audits seen related to high risk medicines and data quality.

## Any additional evidence or comments

### Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y

The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: OHP had provided all member practice with a shared clinical and governance system which enabled them to maintain records and monitor training and appraisals at a local level. Although we saw training had been received by staff we saw that oversight of training records was not always being clearly maintained.	

## 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
Explanation of any answers and additional evidence:	

## 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	Y



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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	98.0%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (3)	0.6%	0.8%	N/A

Any additional evidence or comments

### Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was generally 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:	

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
OHP Policies	The OHP policy contained an equality and diversity statement and minimum expectations as to how patients should be treated. We saw that this was available and embedded at Victoria Road practice.
NHS Choices	Of the five reviews left on NHS choices in the last 12 months, three were specific about kindness, respect and compassion, one was positive, one was less positive and one was a mixed response.
CQC Comment Cards	Of the 23 comment cards we received, nine were specific about kindness, respect and compassion and were positive.

### National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4114	363	115	31.7%	2.80%

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)	94.6%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.8%	85.9%	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)	100.0%	95.4%	95.6%	Variation (positive)
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)	87.2%	81.0%	83.8%	No statistical variation

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

\*The practice carried out family and friends testing. They had not found it necessary to conduct an in-house survey due to high levels of patient satisfaction indicated by the National GP Patient Survey and other feedback from patients. For example, compliments and "thank you" cards.

### 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:	

Source	Feedback
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Interviews with patients	Patients we spoke with explained that they felt involved in their care and treatment, that the practice explained side effects and treatment options whenever was necessary.
CQC Comment cards	Of the 23 comment cards we received, eight were specific about involvement in care and treatment and were positive.
NHS Choices	Of the five reviews left on NHS choices in the last 12 months, two were specific about involvement in care and treatment, one was positive and one was less positive.

## 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)	96.2%	92.8%	93.5%	No statistical variation

## Any additional evidence or comments

	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.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: *The practice was unable to demonstrate they had proactively obtained leaflets in languages other than English. The practice was aware of where to get these leaflets from, and demonstrated that they booked interpreters for patients where necessary.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 88 patients who were carers. This was approximately 2% of the practice population.
How the practice supported carers.	Carers were signposted to community support services. The practice had produced a carers pack and provided flu vaccinations annually for carers.
How the practice supported recently bereaved patients.	Bereaved patients were signposted to support services, offered an appointment to discuss further needs and sent a condolence card by the practice.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

# 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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.15am – 6.30pm
Tuesday	8.15am – 6pm
Wednesday	8.15am – 1pm
Thursday	8.15am – 6.30pm
Friday	8.15am – 6pm
Appointments available:	
Monday	8.30am – 6.50pm
Tuesday	8.30am – 6pm
Wednesday	8.30am – 1pm
Thursday	8.30am – 6.50pm
Friday	8.30am – 6pm
Saturday through OHP extended hours	9am – 1pm
Weekday evenings through OHP extended hours	6.30pm – 8pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4114	363	115	31.7%	2.80%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	100.0%	94.5%	94.8%	Variation

Indicator	Practice	CCG average	England average	England comparison
survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				(positive)

#### Any additional evidence or comments

The provider organisation OHP had worked collaboratively to develop seven extended access hubs across the city which opened in October 2018. The OHP central team had joint responsibility for the governance and staffing of the hubs with the relevant practices. Extended access for this practice was based at Iridium Medical Practice (non-OHP practice).

## Older people

**Population group rating: Good**

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice offered routine 15 min appointments in the morning surgery to accommodate elderly patients and patients with multiple and long-term conditions.

## People with long-term conditions

**Population group rating: Good**

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

**Population group rating: Good**

#### Findings

- Additional nurse appointments were available until 5.30pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged

circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

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

### **Population group rating: Good**

#### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.15pm on a Monday and Friday (except Wednesdays). Pre-bookable appointments were also available to all patients as part of the extended access arrangements at another local practice within the area, Appointments were available Saturday and Sunday 10am until 1pm. The practice out of hours provider took calls when the practice was closed on Wednesdays and appointments were available at other OHP practices in the local area.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

## **People whose circumstances make them vulnerable**

### **Population group rating: Good**

#### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice facilitated home visits for people with learning disabilities that were unable to attend the practice. They also attended patients in care home and residential home settings.
- The provider organisation OHP had recently been awarded a contract with the Health Exchange for social prescribing (community based support as an alternative to medicines. For example, connecting people who are socially isolated). However, this had yet to be fully rolled out to all member practices.

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

### **Population group rating: Good**



## Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

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

National GP Survey results

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

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)	93.8%	60.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	78.2%	62.5%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	76.0%	63.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	82.3%	69.9%	74.4%	No statistical variation

## Any additional evidence or comments

Online access to book appointments and order repeat prescriptions was part of the core quality markers

submitted by practices to the provider for monitoring as part of a self-declaration. The Victoria Road practice offered online appointments and told us they were working on increasing the number of patients that were registered for online services.

Source	Feedback
NHS Choices	Of the five comments left on NHS choices in the last 12 months, two were specific about access to care and treatment and were less than positive.
CQC comment cards	Of the 23 comment cards we received on the day of the inspection, six were specific about access to care and treatment. Three were positive and three were less positive.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:  The provider's standard operating procedures stated that all complaints should be reported through the shared clinical and governance system, enabling them to be monitored centrally. This enabled the provider organisation to look at trends and benchmark complaints across practices. We saw that the practice were reporting into the centralised system as required.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaints	There had been no identified themes from complaints. The practice told us that the complaints they had received were more about managing patient expectations and had made no adjustments based solely on complaints.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y*
Explanation of any answers and additional evidence: The provider organisation (OHP) registered the practice to provide regulated activities as a condition of their registration in October 2017. The provider partnership model was one of local autonomy in which individual practices worked to identify their own local priorities and to run their practices in the way they saw fit to meet their local population needs. There was a small central provider team that supported practices to do this by reducing some of the administrative burden on local practice leadership in the running of their practices and to help individual practices to realise and identify solutions to local challenges. The provider leadership team was known to all practices and accessible when support was needed. The leadership of the provider consisted of nine elected board members from the member practices. The OHP board had held development events in June 2018 to assess and challenge the effectiveness of this chosen model. The provider were aware of challenges faced by members and had undertaken work to identify longer term workforce solutions for GP practices. They recognised locality differences and had focussed General Practice Forward View resources to help localities identify new and innovative ways to address those challenges. This involved working with affiliated non-OHP practices within the same localities and working alongside secondary care health and social care organisations to develop integrated care pathways and community based services. The Victoria Road practice leadership team had recognised the challenges faced by the practice relating to succession planning and had taken action to address this. For example, they had developed a 2-year step down plan.	

### Vision and strategy

**The practice had a clear vision and 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 strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y*

Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As a member of OHP there was a collective vision which was to provide: <i>'A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.'</i></p> <p>The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review to monitor progress of delivery with their partners and identify that the direction of travel was still appropriate.</p> <p>A benefit for Victoria Road practice of being a member practice of OHP was provided a stronger collective voice with which to influence change in health and social care, locally, internally across the organisation and externally through stakeholder engagement.</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was an expectation and criteria for practices to meet who wished to join OHP to ensure they had the same overall goals. There were arrangements at provider level to address behaviour inconsistent with the vision and values of the organisation.</p> <p>There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider if they felt unable to raise them with a local practice.</p> <p>There was a strong emphasis within the wider OHP organisation on the safety and well-being of staff. One of the providers key objectives was to focus on a sustainable workforce and create a work life balance. This was being delivered through the development of staff retention schemes and sharing some of the administrative burden on practices for example financial support.</p> <p>The Victoria road practice demonstrated a culture of openness, honesty and high-quality care. Victoria Road practice demonstrated that they had engaged with wider OHP systems and processes and that they were clearly embedded at the local level.</p> <p>The practice staff we spoke with were happy to work at the practice and were proud of the work they had done as a team. Team work was clearly demonstrated through speaking to staff and in the records we viewed. The practice also demonstrated that it worked closely with patients and took account of their views and feedback in a proactive manner.</p>	

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

Source	Feedback
Staff	Staff we spoke with told us that the practice was very supportive and generous particularly in times of personal difficulties and to ensure staff well-being. They provided us with examples of this.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The Victoria road practice demonstrated informal but clear governance arrangements that were understood by staff we spoke with. The staff we spoke with told us that due to the practice being quite small, individual responsibilities and lines of accountability were clearly understood by staff that were long standing. Newer staff learned this as part of their induction process and regular team meetings reinforced this. Records and files we viewed confirmed this.</p> <p>The OHP model delegated specific roles and responsibilities to the board but maintained the ethos of local responsibility and accountability for services within the practices. The aim being to enable practices to make local appropriate decisions. The centralised governance within the wider OHP organisation had been evolving since the inception of OHP in 2015 to support and maintain quality services across the organisation. There was a centralised governance function that provided the board with assurance that standards were being maintained at practice level and to intervene where necessary in a supportive role.</p> <p>The centralised governance team supported improvement in practices for example, through mock inspections and proactive follow up of potential risks identified in order to provide additional support where needed.</p> <p>Oversight of quality and risks across the organisation were discussed at the centralised governance meetings with assurance given to the Board.</p> <p>Information was communicated from the provider level through sharing of minutes from board meetings and regular quarterly newsletters which were made available through the shared clinical system.</p> <p>Contracts were held at provider level for shared services such as extended access, sexual health and anti-coagulation with regular contract meetings.</p> <p>The provider organisation held monthly governance meetings. This enabled OHP to maintain a quality oversight and identify any areas of risk. Member practices were expected to provide monthly returns of core quality markers which were discussed at the governance meetings along with other information such as incidents and complaints to assure the board of quality standards.</p>	

## 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 in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y*
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Victoria road surgery demonstrated that they held weekly clinical meetings and monthly practice meetings. Monthly meetings had set agenda items, including safety alerts, safeguarding, significant events and complaints. Staff we spoke with told us that learning was shared at all meetings, and records we viewed confirmed this.</p> <p>The practice demonstrated that they considered and mitigated most risk within the practice. They demonstrated that they had a Control Of Substances Hazardous to Health (COSHH) risk assessment and had completed health and safety risk assessments. However, we found that in two of the three toilets accessed by patients, COSHH items were not secure. In one of the three toilets blind loops had not been removed or adjusted to reduce the risk to patients</p> <p>The provider facilitated the practices in monitoring risk and performance through the provision of a centralised clinical and governance reporting system for incidents, complaints and safety alerts. The provider maintained oversight of these systems but did not directly performance manage practices. The practices were however expected to provide assurance that quality standards were being met and quality and risk was being managed through the submission of core quality markers which were monitored through the centralised governance management processes. We saw that the practice participated in this process.</p> <p>The practice's vision, values and mission statement, had been developed when the practice first opened many years before the current staff team and had been amended in a minor way over time. The staff that worked at the practice, although long standing generally, had not been involved in its development, but were committed to it and knew about it when asked.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Member practices of OHP had access to a centralised clinical and governance system to help manage information related to staffing and risks.</p> <p>The provider organisation (OHP) was in the process of collating performance data from nationally available sources which it planned to share with practices to help them manage their own performance. The Victoria road practice demonstrated that they engaged with this and with the wider OHP provider. They completed monthly self-declaration information and responded to central feedback and actions. Clinical records we viewed at Victoria Road practice were well maintained and comprehensive.</p>	

## 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 centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice when working with Clinical Commissioning Groups (CCGs) to explore areas for collaborative work.</p>	

## Feedback from Patient Participation Group.

Feedback
<p>The practice had an active Patient Participation Group (PPG) and they had been influential in proposing a number of changes at the practice. The practice had shown responsiveness to PPG input and made the changes proposed. For example, a TV was placed in the patient waiting room that displayed information about the practice and services, whilst patients waited. Also, the PPG redesigned the practice newsletter and provided comprehensive information for the use of signposting patients towards community based support organisations, particularly in the local library.</p> <p>PPG feedback was used at organisational level to support the development of the extended access services.</p>

## Any additional evidence

At provider level, the provider (OHP) were working to develop staff communities to provide networking and peer support and help shape the service. For example, they had set up a salaried GP community. They demonstrated that they had made plans to do the same for nursing staff working across the organisation.

The provider used a practice manager focus group to check progress against objectives and have a voice in shaping future development for example, they told us they met regularly during the development and evaluation of the extended access service. Partners meetings had also provided a forum for feedback centrally from their members.

## 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
Explanation of any answers and additional evidence:	
<p>The practice demonstrated that they considered feedback from patients to continually improve services. They further demonstrated that they were proactive and comprehensive in their approach to clinical audits, which indicated improved outcomes for patients. We saw that the practice carried out quality improvement activities, including using audits, incident information and complaints or comments to share learning throughout the practice and make improvements where necessary.</p> <p>Being part of a larger provider organisation, patients at the practice was able to benefit from shared services such as the extended hours service, sexual health and anticoagulation services where the provider now held the contracts. They could also benefit from workforce initiatives within the organisation.</p>	

#### 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.

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.