

# Care Quality Commission

## Inspection Evidence Table

### St Mary Cray Practice (1-4886521397)

Inspection date: 6 February 2019

Date of data download: 22 January 2019

## 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
<ul style="list-style-type: none"><li>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.</li></ul>	Yes

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw a safeguarding policy.</li> <li>The lead GP was the safeguarding lead, all staff spoken to were aware of this.</li> <li>We checked four staff files all had received up-to-date safeguarding and safety training appropriate to their role. Staff had undertaken training from the Bromley safeguarding lead.</li> <li>We spoke with one non-clinical staff member; the staff member knew how to identify and report concerns.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw a recruitment policy, we also saw a locum pack.</li> </ul>	

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: March 2018	Yes
There was a record of equipment calibration. Date of last calibration: March 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: March 2018	Yes
There was a log of fire drills. Date of last drill: January 2018	Yes
There was a record of fire alarm checks. Date of last check: March 2018	Yes

There was a record of fire training for staff. Date of last training: March 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: October 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice informed us, there were no risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals, as the practice did not stock any.</li> <li>We saw records that fire alarms were tested annually, however the practice manager told us the key was missing for the fire alarm, so they were unable to check it, the practice was trying to obtain a new key.</li> <li>We saw a fire inspection certificate dated March 2018.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Health and Safety procedures were reviewed annually, they were last reviewed June 2018.</li> <li>We saw a legionella risk assessment dated January 2019.</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: May 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Infection control audits were carried out annually.</li><li>• We saw cleaning schedules, a curtain cleaning log, curtains were changed every quarter.</li><li>• We saw hand hygiene audits were completed annually by all staff.</li><li>• There were needle stick injury posters in all clinical rooms.</li></ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the	Yes

impact on safety.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• All staff had undertaken Sepsis training.</li> <li>• There was a Sepsis poster in the reception area and in all clinical rooms.</li> </ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
Explanation of any answers and additional evidence:    	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	0.83	0.79	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	7.7%	9.3%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	N/A

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw all significant events were recorded, discussed at the time with the relevant members of staff and then discussed at the next staff meeting.</li> </ul>	

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

Event	Specific action taken
Appointment details were handed out to a patient, but they had another patient's information attached to it. Patient returned document to surgery.	This was discussed between the practice manager and receptionist. A process was already implemented, not to use paper clips, but to staple documents together to avoid this happening again.
Patient arrived late for appointment and Clinician was unable to see patient.	Discussed with receptionists who confirmed policy. The policy is: patients who arrive late may not be seen and the GP who is on duty to make clinical decision as to whether they need to re-book or if they can be accommodated. The incident was discussed at a staff meeting.
Patient unhappy re phone ringing for some time. Patient wanted earlier date for the flu injection and was not aware of the rule for the under and over 65's	The practice obtained reports from staff on duty that day. The practice also checked with the phone supplier that the message system was working. Incident was discussed at staff meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	



- All alerts came to the practice manager who would send them onto clinical staff and record the alerts on a spreadsheet, if required a search would be done and patients contacted. There was an alert register, all searches were recorded and printed off.
- An alert for Sodium Valproate was now monitored as part of the practice's clinical audit cycle which was undertaken every six months.

## 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

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) <small>(NHSBSA)</small>	0.43	0.47	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- There was a register in place for annual recall for patients with long term conditions with named clinician lead.

- The practice had proactive personalised care plans for the frail and those at risk of admission were referred and discussed at multidisciplinary team meetings, Integrated Care Network, involving community matrons, Oxleas, Consultant Geriatrician and Age UK. This provided a holistic assessment of vulnerable patients encouraging input from all members of the team including third sector providers, secondary care and community teams.
- Regular palliative care meetings were undertaken to ensure that care was monitored and district nurses and clinical nurse specialists had good communication with the practice for these patients.

## 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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)	70.3%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.6% (7)	9.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.7%	75.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.0% (5)	9.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.1%	77.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.4% (8)	11.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.3%	73.1%	76.0%	Variation (positive)
Exception rate (number of exceptions).	1.7% (2)	8.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	90.7%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	0 (0)	12.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.0%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.3% (20)	3.9%	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)	97.7%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	5.5%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- National Chlamydia screening was offered to patients aged 15-24 years.
- Families under the child Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- Protection plans were coded on Emis and highlighted and a note was made of any other professionals involved in their care such as support workers.
- Families under 'child in need' plan were coded and a note made of other professionals involved in their care.
- A safeguarding protocol was in place to ensure follow up of reports and outcomes of conferences.
- All practice staff were trained on Domestic Violence and were able to refer to a DV support worker, the practice was 'IRIS accredited'. (IRIS: Identification & Referral to Improve Safety).

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)	41	44	93.2%	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)	31	37	83.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	32	37	86.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	32	37	86.5%	Below 90% minimum (variation negative)

### Any additional evidence or comments

Follow up, get new data, is the practice aware?

- The practice provided us with unverified data which showed child immunisation uptake rate had improved but was still below the national average in three areas between 01/04/2018 to 31/01/2019. The practice informed us they wrote to patients, sent text reminders and called patients to attend. The variation was largely down to low numbers of patients (for the immunisations). After the inspection the practice provided additional data which showed an improvement.

Child Immunisation	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) (01/04/2018 to 31/01/2019) (Unverified)	97%	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) (01/01/2018 to 01/10/2018) (Unverified)	80%	Below 90% minimum
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) (01/04/2018 to 31/01/2019) (Unverified)	87%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/01/2019) (Unverified)	87%	Below 90% minimum

## 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.
- Telephone consultations were available daily.
- Online access to records including online appointment booking, repeat medication prescribing and EPS were all available.
- Email requests for prescriptions were also available for those who preferred this mode of communication.
- Extended hours were available from 6:30pm to 7:45pm every Tuesday.
- Hub appointments offering appointments up to 8pm during the weekday and weekend appointments were available for patients.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	70.1%	73.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer	64.6%	74.3%	70.0%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	41.2%	55.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	73.3%	74.9%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	61.5%	55.8%	51.9%	No statistical variation

### People whose circumstances make them vulnerable Population group rating: Good

- 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 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.
- The practice reviewed young patients at local residential homes.
- Annual learning disability health checks were offered, the practice had 19 patients on the learning disability registered.

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

Population group rating: Good

#### Findings

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



- Some staff 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)	96.7%	86.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	10.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.7%	84.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.2%	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)	100.0%	80.3%	83.0%	Variation (positive)
Exception rate (number of exceptions).	13.3% (2)	4.8%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549.7	532.2	537.5
Overall QOF exception reporting (all domains)	4.1%	4.6%	5.8%

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

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

- The practice undertook an audit looking at DMARDS prescribing under a shared care agreement with secondary care. This Audit was undertaken to ensure all patients who were prescribed DMARDS had up to date bloods on record. If the blood results were abnormal, they checked to see if appropriate action had been taken. Learning from this audit was the following,
- Share learning with other clinicians.
- The practice pharmacist was to conduct a regular audit (monthly EMIS search) to ensure safe prescribing of high risk medicines and to ensure an extra level of security.
- DMARDS and warfarin were not to go onto electronic repeat dispensing because the clinician needed to check bloods are up to date before issuing.

#### Any additional evidence or comments

- The practice had undertaken an audit, looking at Identifying patients with a diagnosis of dementia who were prescribed anticholinergic medications to reduce risk of harm. The aim of the audit was to optimise anticholinergic medication prescribing in patients with a diagnosis of dementia. The audit identified 16 patients with a diagnosis of dementia in their practice. All the patients on the Dementia Register had an ACB Score of less than 3 and therefore no changes were made to any medication prescribing. Whilst no changes were made to patients medicines it made clinicians more aware of the medications with ACB and to be mindful of prescribing them in older aged individuals particularly those at risk of Dementia but who may not yet have been diagnosed.

## 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• All practice staff were trained on Domestic Violence and were able to refer to a DV support worker. The practice was an 'IRIS accredited'. (IRIS: Identification &amp; Referral to Improve Safety.)</li> <li>• An induction checklist was in place for newly recruited staff.</li> <li>• All staff had undertaken basic life support training, however two new members of staff (non-clinical) had not undertaken face to face basic life support training, the practice manager told us she was in the process of arranging this training.</li> </ul>	

## 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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
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 services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
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)	98.3%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (5)	0.5%	0.8%	N/A

## Consent to care and treatment

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

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff were trained in respecting confidentiality and patients were always given the opportunity to liaise with staff to ensure privacy and dignity.</li> <li>The practice told us privacy and dignity was respected at all times through the use of chaperones which was promoted in all rooms, and the reception area.</li> </ul>	

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	The comment cards received were mostly positive. Patients said they felt staff were caring, friendly and helpful. They described examples where they were listened to and treated with respect, dignity and kindness, other comments included that the service provided was excellent and staff were understanding. One comment card said the service was not always helpful and the practice can't be depended on to get an emergency appointment.
Patient interviews and Patient group.	We spoke with one member of the Patient Participation Group who told us the practice worked with and supported patients and their families to achieve the best outcome for patients.
Friends and Family Test	The practice had reviewed Friends and Family Test results and comments included that doctors were brilliant and receptionists were all very helpful and considerate.

	July 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	10	2	0		0	0
	August 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	8	4	0	0	0	0
	September 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	3	8	0	0	0	0
	October 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	5	7	0	0	0	0
	November 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	3	7	0	1	0	0
	December 2018					
	<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely or unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
	8	4	0	0	0	0



## 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
2749	299	78	26.1%	2.84%

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)	79.0%	89.0%	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)	79.0%	87.0%	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)	86.4%	94.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	82.9%	84.3%	83.8%	No statistical variation

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

#### Any additional evidence

The practice undertook a survey in January 2018, a total of 50 forms were returned, out of the 50 forms 48 patients said they would recommend the practice to someone new in the area. Comments from the survey included,

- I always feel satisfied when I visit the surgery
- I received a phone consultation and then an actual appointment on the same day
- Very pleased/satisfied with your meaningful work – thank you
- Many thanks for the care given
- Help people with the web site services
- All Doctors and staff are helpful and understanding

As a result of the survey the practice devised an action plan. Actions included:

- To discuss results at next clinical/management meeting
- To discuss at the next PPG meeting
- To place survey results on the web site and PPG notice board
- All clinicians to continue to involve patients in decisions about their care, treating them with care and concern
- Request that patients ask if there is anything they do not understand or are unhappy about
- To conclude the consultation, with a further option to reconfirm issues discussed
- To repeat the same survey in 6 months' time

#### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Comment cards and Interview with PPG member.	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.0%	93.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified and supported 62 carers, this was approximately 2% of the practice population.
How the practice supported carers.	The practice provided carers with support information and guidance, information was displayed in the waiting room and staff would signpost carers to relevant support groups and agencies, carers were encouraged to contact Bromley Well. Carers were offered the flu jab.
How the practice supported recently bereaved patients.	The practice informed us they would contact recently bereaved patients and offer any support that the patient may require and signpost to relevant support groups and agencies. The practice would also send a condolence card and the GP would refer patients for counselling if required.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am -6.30pm
Tuesday	8.00am -6.30pm
Wednesday	8.00am -6.30pm
Thursday	8.00am -6.30pm
Friday	8.00am -6.30pm
	8.00am -6.30pm
Appointments available:	
Monday	9.00am - 12.40 4.30 - 6.00pm
Tuesday	9.00am - 12.40 4.00 - 6.00pm & 6.30 - 7.45pm
Wednesday	9.00am - 11.30 12.00-12.40pm
Thursday	9.00am - 12.40 3.30 - 5.30pm
Friday	9.00am - 12.40 3.30 - 5.30pm
On Wednesday the surgery is open from 8am to 1pm only. At 1pm the answerphone message instructs patients that the surgery is closed but that if their call is urgent they can hold and their call will be automatically transferred to the out of hours service. The call is then directed to the out of hours number for the duty doctor. The Wednesday afternoon service is provided as a collaborative arrangement with another local GP.	

In addition to GP appointments that can be booked up to one week in advance, urgent appointments are available on the same day for patients that need them. Booked telephone consultations are available daily. Appointments were available with the Practice Nurse on Monday from 8.30am to 10.30am and 4pm to 6.15pm and on Wednesday from 8.30am to 1pm. On alternate weeks appointments were also available on Thursday from 2.30pm to 5.30pm

The practice could also access appointments with the local Primary Care Access Hub (provided by The Bromley GP Alliance). The service was available between 4pm and 8pm Monday to Friday and between 8am and 8pm Saturday and Sunday.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2749	299	78	26.1%	2.84%

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)	97.1%	95.1%	94.8%	No statistical variation

### Any additional evidence or comments

## 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.
- Health checks were offered to patients over 75 years of age.
- There was a register in place for annual recall for patients with long term conditions with named clinician lead.

## 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 6.30pm 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.
- All practice staff were trained on Domestic Violence and were able to refer to a DV support worker, the practice was 'IRIS accredited'. (IRIS: Identification & Referral to Improve Safety).

## **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.
- Telephone consultations were available daily.
- Online access to records including online appointment booking, repeat medication prescribing and EPS were all available.
- Email requests for prescriptions were also available for those who prefer this mode of communication.
- Extended hours were available from 6:30pm-7:45pm every Tuesday.
- Hub appointments offering appointments up to 8pm during the weekday and weekend appointments were available for patients.



**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.
- Annual learning disability health checks were offered, the practice had 19 patients on the learning disability register.

**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.
- Some staff had received dementia training in the last 12 months.

## 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Every Tuesday the practice provided extended hours from 18:30pm-19:45pm.</li> <li>• The practice was above the CCG and national average for access.</li> </ul>	

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)	89.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	73.5%	70.5%	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)	81.9%	65.5%	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)	87.1%	74.5%	74.4%	No statistical variation

Source	Feedback
Comment cards	The comment cards received were mostly positive about access to appointments, apart from one comment card, which mentioned that the practice can't be relied on to get an emergency appointment.

## 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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All patients had access to the formal complaints procedure if they had issues to raise about the service. Copies of the procedure were available at reception and on the website. All complaints were discussed at practice meetings, actions agreed and implemented. We saw minutes where complaints were discussed.</li> <li>The practice logged all complaints, both verbal and written.</li> <li>There was a complaint leaflet available to patients in reception, the complaints process was also displayed on the practice website.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient arrived late for appointment and was not seen.	Reception explained procedure to patient, reception asked clinician if they would still see patient as per protocol. Patient was not seen due to full clinic. The complaint was discussed at the all staff meeting, all receptionists were reminded to make patients aware that they may not be seen if late.
Reception phone not answered and kept ringing. Unable to book an earlier flu appointment.	Requested reports from the two receptionists on duty plus the patient who was also in reception at the time. Discussed at team meeting, new telephone installation and queue message was not activated. The practice explained the over 65/under 65 procedure and delivery of flu vaccines.

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff were encouraged to participate and feedback through practice meetings or direct to the manager/GPs.</li><li>• The practice held clinical meetings, palliative care meetings all staff meetings, integrated care meetings and PPG meetings.</li><li>• We saw that all meetings were appropriately minuted and actions were logged.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Joint multidisciplinary meetings were held on a quarterly basis with District Nurse, Health Visitor, Community matrons and palliative care nurses.</li></ul>	

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff spoken to said leaders were approachable and listened if they raised concerns.</li> <li>• The provider was aware of and systems to ensure compliance with the requirements of the duty of candour.</li> </ul>	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> <li>• Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.</li> <li>• Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found there was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

There were named clinical and non-clinical leads for example

- Safeguarding adults and children
- Prescribing lead
- Integrated Care Network Champion
- Learning Disabilities
- Information Governance
- Caldicott Guardian
- Infection control

## Managing risks, issues and performance

**There were the practice did not have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• We saw two clinical audits that demonstrated quality improvement for patients.</li><li>• All staff had an appraisal.</li><li>• We saw a business continuity plan, which we were told was also kept off site by lead staff members.</li></ul>	

## 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

## 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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Staff feedback highlighted a strong team with a positive supporting ethos.</li><li>• Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.</li></ul>	

## Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"><li>• The practice worked closely with the Patient Participation Group (CCG) which met four times a year.</li><li>• In December's PPG meeting the practice asked PPG members how could they improve patient experience and satisfaction. On the whole the feedback was positive and the PPG members said they have a better experience compared to their friends and relatives from other surgeries.</li><li>• The practice devised an action plan, including how the surgery would work hard towards encouraging more patients to get online access which would enable them to book appointments online and order medications. Increasing the number of nurse appointments, also continue to provide extended hours.</li></ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	



- The practice had signed up to the Referral L.I.S (Local Improvement Scheme) and would be attending educational sessions and activities to improve referrals.

#### **Examples of continuous learning and improvement**

- The led GP was the chair for Orpington Integrated Care Network.
- The practice manager arranged for staff to undertake online training as well as face to face group training.
- The practice had staff meetings where learning was discussed, for example learning from significant events.

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.