

Care Quality Commission

Inspection Evidence Table

Cutlers Hill Surgery (1-543847038)

Inspection date: 18 February 2019

Date of data download: 07 February 2019

Overall rating: add overall rating here

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

**Safe
Improvement**

Rating:

Requires

We have rated the practice as requires improvement for providing safe services because:

- There was an ineffective system in place to manage patient safety alerts. We looked at three alerts and found these had not been actioned. Following our inspection, the practice took immediate action in relation to this finding to reduce any risks to patients.
- The key to the cupboard where prescription pads were located could be accessed by all staff. Logs for prescription pads recorded the distribution of prescriptions but did not indicate those initially held by the practice.
- The practice completed regular checks of the expiry dates of medicines within the dispensary, however these were not always recorded.

Safety systems and processes

The practice had 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

Safeguarding	Y/N/Partial
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
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.	Yes

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

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:	Yes July 2018
There was a record of equipment calibration. Date of last calibration:	Yes July 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes January 2019
There was a log of fire drills. Date of last drill:	Yes November 2018
There was a record of fire alarm checks. Date of last check:	Yes February 2019
There was a record of fire training for staff. Date of last training: Various dates throughout the year.	Yes
There were fire marshals.	Yes

A fire risk assessment had been completed. Date of completion:	Yes April 2018
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had documented where actions had been completed from the fire risk assessment. For example, additional smoke detectors had been installed in relevant places. The practice had booked another fire risk assessment to be completed in April 2019. In April 2018, 14 staff attended a face to face training session on fire extinguishers. The practice undertook weekly fire alarm tests and had their fire alarms serviced in November 2018.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes February 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes February 2019
<p>Explanation of any answers and additional evidence:</p> <p>The practice completed ongoing, regular health and safety risk assessments. Any risks were highlighted on the health and safety risk log which also documented who needed to complete the action and details of what was undertaken to manage the risk. For example, a window latch was loose and this was fixed within three days.</p> <p>A legionella risk assessment had been completed and a further assessment was due in 2020. There was an action plan which had been completed. For example, the practice had improved access to the water tank and regularly monitored their water temperatures. The assistant practice manager had completed training in legionella and legionnaires' disease awareness.</p>	

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:	February 2019
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
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the infection prevention and control audit from February 2019 and the previous audit from 2017 and found progress had been made on the previous action plan. For example, the previous audit highlighted that some GP rooms were cluttered. This had been followed up and improvements had been made.</p>	

The practice had completed a handwashing audit, uniform audit and sharps bins audit recently and found they were performing well in these areas.

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 impact on safety.	Yes

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	Yes

managed in a timely manner.	
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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.03	1.03	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)	8.6%	7.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.87	5.61	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.62	2.25	2.22	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.	Partial
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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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 and disposal of these medicines, which were in line with national guidance.	Yes
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, 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
<p>Explanation of any answers and additional evidence:</p> <p>The key to the cupboard where prescription pads were located could be accessed by all staff by a key held in the reception area. Logs for prescription pads recorded the distribution of prescriptions but did not indicate those initially held by the practice.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate	Partial

records.	
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The practice completed regular checks of the expiry dates of medicines within the dispensary, however these were not always recorded.</p> <p>The monitoring of uncollected prescriptions was discussed to ensure vulnerable people were protected.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong internally, however did not have appropriate systems in place to manage patient safety alerts.

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:	30
Number of events that required action:	30
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence that learning and outcomes from significant events were shared with the relevant teams and discussed in meetings. Feedback from the head of department meetings was given to staff to ensure they were kept up to date with changes in practice from significant events. We viewed meeting minutes from nurses, reception, administration and the heads of department meetings and found significant events were routinely discussed.</p>	

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

Event	Specific action taken
The safeguarding register held by the practice was not the same as the one held by the health visitor.	The practice put a system in place to review their registers and code all children that were a cause for concern. Codes were checked against the clinical system at the end of each meeting to ensure they were correct.
A patient had been given the wrong dose of medicine by carers after it had been changed by a GP.	The practice worked on a new system to flag to home carers when medicines had been changed to ensure patients were given the correct dosages.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found there was an adequate system in the dispensary for managing external patient safety alerts relating to dispensing practices. However, there was an ineffective system in place to manage alerts that were not related to the dispensary. We ran searches on three recent alerts and found these had not been actioned. The practice reported they would address this and immediately review patients affected. Following the inspection, the provider was able to evidence that recent alerts had been reviewed and actioned appropriately, they had plans to embed the system to ensure this did not happen again.</p>	

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.	Partial
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: We saw evidence of some discussion of recent best practice guidance in nurse meetings, however we did not see any evidence of this in GP meetings. We did not find evidence that clinicians were not up-to-date with best practice. The practice reported they would make it a standard agenda item for clinical meetings going forward.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.02	1.11	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs and were discussed with the district nursing team.
- 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. The discharge co-ordinator contacted patients to check medicines, any concerns and any further assessments were completed.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. For example, nurses had training in diabetes, spirometry, COPD, asthma, cervical screening and immunisations. The practice had implemented further improvements for the monitoring of patients with diabetes and had reviewed data from 2017/18 relating to 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. Improvements for QOF were part of the improvement plan for the nursing team.
- 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.
- 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)	73.6%	72.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.1% (107)	15.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	73.7%	72.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.4% (40)	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	68.0%	74.9%	80.1%	Variation (negative)

31/03/2018) (QOF)				
Exception rate (number of exceptions).	13.3% (83)	15.5%	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)	72.5%	72.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	15.0% (106)	10.2%	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)	90.0%	86.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.4% (22)	10.5%	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)	81.1%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.8% (31)	4.9%	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)	86.9%	84.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (15)	8.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- 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 and social services when necessary.
- Young people could access services for sexual health and contraception. The nurse practitioner was undertaking further training on sexual health in March 2019 and planned to complete an educational session for the nursing team.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	79	83	95.2%	Met 95% WHO based target (significant variation positive)
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)	82	89	92.1%	Met 90% minimum (no variation)
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)	83	89	93.3%	Met 90% minimum (no variation)
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)	83	89	93.3%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice followed up any patients that did not attend for immunisation appointments and booked them in at a convenient time for the patient to encourage uptake.

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 had offered 600 health checks in the past twelve months and completed 452.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (PHE)	78.3%	74.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.8%	74.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.0%	57.9%	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. (01/04/2017 to 31/03/2018) (PHE)	74.6%	62.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	38.7%	46.6%	51.9%	No statistical variation

Any additional evidence or comments

We reviewed evidence relating to referrals for the two-week wait cancer pathway. The practice was aware of the lower performance and were reviewing the performance of locum staff to ensure they referred when appropriate to the two-week wait pathway and that the coding for this was completed.

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. 90% of patients in the past year had passed away in their preferred place of death.
- The practice held monthly meetings with the MacMillan nurses and palliative care consultant from the local hospital to discuss patients on the end of life register.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had initiated a learning disability proposal and action plan to

increase the uptake of health checks for this group of patients. The action plan included devising an improved electronic template, education of staff, flexible appointments for this group of patients, compiling easy to read materials and collaborative working with the social prescribing team. The practice had carried out four health checks of 34 patients in the last twelve months.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- 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)	92.6%	86.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.8% (5)	16.5%	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)	91.5%	84.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.7% (4)	14.3%	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)	75.7%	80.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.9% (7)	8.5%	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)	538.0	522.6	537.5
Overall QOF exception reporting (all domains)	5.2%	6.5%	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 new nursing manager had completed an audit of the nursing service offered at the practice and developed a draft proposal for the development of the nursing service. This included items such as developing the healthcare assistant role to be able to undertake wound care and injections to allow nurses to deal with more complex patients. It also included a new proposal for the management of health checks for patients with a learning disability. These actions had been agreed by the partners and were being undertaken at the time of our inspection. For example, a healthcare assistant had completed wound care training online and was in the process of shadowing consultations.

Any additional evidence or comments

- The practice had completed an audit to see whether patients on a certain medicine had magnesium levels tested. The first audit found that 12% of patients had their blood levels tested. As a result of the findings, the practice added the blood test to the blood test template on the clinical system to prompt clinicians to request the blood test. On re-audit, the practice found this had increased to 66%. On further audit, this had increased to 74% which showed a gradual and steady increase. The practice planned to audit this again to monitor the improvement.

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	Yes

taking for the cervical screening programme.	
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.	Yes
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> <p>Updates required by nursing staff, such as cervical screening and immunisation training were monitored on a comprehensive training matrix, along with appraisals. The training matrix could only be accessed by the heads of department who regularly followed up on training requirements. The process was overseen by the assistant practice manager.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice was a base for local external agencies such as the district nursing teams and health visitors. The practice also hosted the social prescribing team and regularly referred patients to them. Feedback from the district nursing team was positive in relation to the practice and the working relationship they had built.</p>	

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: A healthcare assistant had recently undertaken 'one life' training which enabled them to give advice on healthy living. The practice also had good liaison with the social prescribing team and had information of leading a healthy and active lifestyle in the waiting room. There was a blood pressure machine in a private area of the waiting room that patients could utilise to monitor their blood pressure.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.4%	94.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (16)	0.6%	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

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: Patients reported to us that staff were always caring and considerate. We observed staff helping patients to their cars and building a good rapport with patients.	

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

Source	Feedback
Healthwatch Suffolk	The practice had received 4 out of 5 stars from 40 reviews on the Healthwatch Suffolk website. Comments included: <ul style="list-style-type: none"> • “Friendly reception staff and I have had a good experience with the surgery.” • “Everyone is very lovely.” • “Doctors take as long as the patient needs which is good.”
CQC comment card	We received one comment card which was positive about the practice: <ul style="list-style-type: none"> • “All staff do a really good job.”
Friends and Family Test	In the past twelve months, the practice ranged between 87% to 97% of respondents reporting they were likely or extremely likely to recommend the practice. Recent comments included: <ul style="list-style-type: none"> • “The nurse was nice and made me feel at ease.” • “Excellent, very friendly treatment.” • “Friendly, efficient service.”

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
10525	233	131	56.2%	1.24%

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)	92.2%	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)	93.5%	88.1%	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)	95.6%	95.9%	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)	87.1%	83.7%	83.8%	No statistical variation

Any additional evidence or comments

The practice regularly reviewed information from a variety of sources and used this data to drive improvements in care, such as the implementation of a 'same day team'.

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

Any additional evidence

The practice had undertaken a survey in December 2018 to review patient satisfaction with the new triage and appointment system that was introduced in March 2018. The results showed:

- 100% of patients agreed or strongly agreed that they found it easy to be able to speak with a

clinician.

The practice planned to run another audit in six months to review whether the service they were offering continued to meet patients' needs.

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

Source	Feedback
Healthwatch Suffolk	There were comments on the Healthwatch website regarding good care provided by the surgery. For example: <ul style="list-style-type: none"> • "The practice has been so supportive of us as a family and assessments are thorough." • "My GP has been excellent with my treatment after multiple operations." • "The GP referred me very quickly."
Friends and Family Test	Recent comments included: <ul style="list-style-type: none"> • "Polite, informative and fun." • "The doctor listened and dealt effectively with my health problems." • "I was made to feel at ease and gave helpful advice."

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)	98.4%	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a hearing loop for patients with hearing difficulties. This was tested annually by a member of the Patient Participation Group to ensure it met patient needs.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 265 patients as carers, which was approximately 2.5% of the practice population.
How the practice supported carers.	The practice had leaflets in the waiting room advising patients of local support groups for carers. They also had close liaison with a social prescribing group that were able to signpost patients to local support.
How the practice supported recently bereaved patients.	The practice contacted patients recently bereaved and signposted them to local support groups. Patients were offered an appointment if they required or requested it.

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The reception desk had a sign reminding patients about confidentiality and there was a separate, quiet area for patients to use if required.</p>	

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: During a period of bad weather, including heavy snow fall, the practice liaised with and worked closely with local farmers to ensure they were able to get into work to keep the service open. They also worked closely with the district nurses to ensure they were able to get to patients with the most urgent needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 7pm
Tuesday	8am to 7pm
Wednesday	8am to 7pm
Thursday	8am to 7pm
Friday	8am to 6.30pm
Saturday	8.30am to 11.30am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10525	233	131	56.2%	1.24%

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)	97.9%	95.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- Reception staff assisted patients in booking transport for hospital appointments where required.
- 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.
- There was a medicines delivery service for patients.

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 7pm on a Monday, Tuesday, Wednesday and Thursday which could be accessed for school age children so that they did not need to miss school. Saturday morning appointments were available from 8.30am to 11.30am.
- 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.

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 7pm Monday to Thursday and from 8.30am to 11.30am on Saturdays.
- The practice utilised a text message reminder system to alert patients of upcoming appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was in the process of improving the services they offered to patients with a learning disability.
- Reception staff helped vulnerable patients to book hospital transport and chased appointments for those with communication difficulties.

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.
- The practice hosted the Alzheimer's Society regularly for a drop in clinic for patients.

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: The "On the Day Service" was established in March 2018 to help the practice to meet the needs of patients requiring an appointment on the day of calling. The service was staffed from 8.30am to 6.30pm by an on-call GP and a nurse and an emergency care practitioner who were trained to triage the needs of patients. On days when the need was likely to be greatest a second nurse was rostered to provide the service. The patient initially calls the practice and speaks to a trained receptionist who takes brief information from the patient as to the reason for their request for an "On the Day" appointment. An urgent care practitioner undertook home visits where appropriate and had a de-brief session with a GP after each visit.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	85.5%	N/A	70.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	68.3%	69.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	53.0%	63.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.0%	76.8%	74.4%	No statistical variation

Any additional evidence or comments

The practice had undertaken a survey in December 2018 to review patient satisfaction with the new triage and appointment system that was introduced in March 2018. The results showed:

- 100% of patients agreed or strongly agreed that they found it easy to be able to speak with a clinician.
- 100% of patients agreed or strongly agreed that the outcome of the appointment met their needs.
- 100% of patients agreed or strongly agreed that they would recommend the service.

The practice planned to run another audit in six months to review whether the service they were offering continued to meet patients' needs.

Source	Feedback
Healthwatch Suffolk	The practice had received 4 out of 5 stars from 40 reviews on the Healthwatch Suffolk website. Comments were mixed relating to access. Some patients reported it was difficult to get an appointment in advance, however most patients said they were able to get an urgent appointment when required.
Friends and Family Test	In the past twelve months, the practice ranged between 87% to 97% of respondents reporting they were likely or extremely likely to recommend the practice. Recent comments included: <ul style="list-style-type: none"> • "I got called into my appointment early and the nurse was brilliant." • "Because the nurse was so friendly and it was a positive experience, I felt as if I were her only appointment that day." • "I was seen on the day and seen promptly by the same day team." • "I was told the service was running late when I arrived and it is a good service."

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.	13
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	One

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was evidence that learning and outcomes from complaints were shared with the relevant teams and discussed in meetings. Feedback from the head of department meetings was given to staff to ensure they were kept up to date with changes in practice from complaints. We viewed meeting minutes from nurses, reception, administration and the heads of department meetings and found complaints were routinely discussed.</p> <p>The practice had received eight letters of compliment since December 2018. These were kept in a folder for staff to view. Comments included thanking staff for the care they provided and appreciation of a home visit.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was unhappy with vaccination appointment	The practice reviewed the vaccination appointments and plan and agreed a new schedule with the nursing team. The patient contacted the practice to say they were happy with the response.
Patient was unhappy as they were not told appointments were running behind scheduled time.	This was discussed in a department meeting and a new process was put in place to ensure receptionists informed patients when appointments were not running to time.

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.	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: There were two partners currently not in the practice due to unforeseen circumstances. One partner was due to retire in September 2019. And the practice was actively recruiting to replace them. The practice had been successful in recruiting a new and experienced practice manager due to start in April 2019. The practice had utilised joint collaborative working with the South Waveney Alliance Network (SWAN) which was a collaboration of five local GP practices to help cover shortfalls in extended GP leave.	

Vision and strategy

The practice had a vision and strategy to provide high quality 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: Since the previous inspection, the practice had been proactive in creating a new vision which was: "To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations." Staff were aware of the new vision and could access this.	

Culture

The practice had a culture which drove high quality 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: Staff reported that generally there was a low turnover of staff within the practice although there were some shortfalls due to vacancies and staff leave. The staff reported they were supported in their roles and enjoyed working at the practice.	

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

Source	Feedback
Staff interviews	Staff we spoke with were positive about the culture within the practice and reported there was a strong team ethos. Staff felt able to approach the management team and discuss any issues they had and felt confident they would be addressed. Staff also reported they had many social events such as Christmas meals and barbeques to embed the happy team culture that had been cultivated within the practice. Newer team members reported it was easy to join the team and they had been welcomed in a friendly and open manner.

Governance arrangements

There were 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: The practice had recently updated their governance and key roles and responsibilities plans in response to some partners going on leave from the practice and the practice manager leaving. These updates were communicated to staff and flowcharts were available to highlight the changes. Staff were aware of their roles and responsibilities and we saw improvements in the way governance was managed from our last inspection. For example, risk assessments we viewed had documented outcomes and completion dates.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
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: We saw that, since the last inspection, some assurances regarding risk management had improved. For example, the practice monitored the outcomes and recommendations from risk assessments until completion. These actions were clearly documented. However, we found some gaps, for example in the management of patient safety alerts, the management of prescription pads, and the documentation of expiry dates in the dispensary.	

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: The practice received data from the Clinical Commissioning Group and used this to drive audits and clinical care. For example, the practice audited the referrals from locums and had reviewed cancer referrals. The practice had performed well in areas such as prescribing, Accident and Emergency minor injury attendances, non-elective admissions, and were fourth overall in the dashboard for the CCG.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality 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: The practice had a variety of information available in the waiting room on local support groups and worked closely with a local foodbank to aid in the collection of food. The practice also regularly hosted the district nurses, midwives and other groups at the practice such as a social prescribing group to reduce, where possible, the travel for patients. We spoke with the district nurses who reported they found it helpful to have a base at the practice and found contact with the GPs and nurses at the surgery easy and helpful.	

Feedback from Patient Participation Group.

Feedback
We viewed meeting minutes from recent PPG meetings. It was clear from the minutes that the group met regularly and was well attended. There was a representative from the practice that attended the meetings and kept the group up-to-date with changes within the practice, such as the recruitment of GPs. The group had been involved in providing articles for local media regarding what the group is and how it works. The group was also helping to advise the practice on a survey to assess the impact on patients of the same day team.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was proactive in having nursing students in the practice and planned to have medical students again. The practice encouraged staff to develop my requesting training to further their knowledge and skills and was actively supporting two nurses to gain prescribing qualifications. The practice was also working closely with a local network of practices to improve their continuity plans. For example, there were instances of sharing staff between the practice and developing shared policies and procedures.	

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.