

Care Quality Commission

Inspection Evidence Table

The Mayflower Medical Practice (1-542455264)

Inspection date: 19 February 2019

Date of data download: 04 February 2019

Overall rating: Good

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.	NA
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).	*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	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> *16 non clinical staff and four clinical staff had not received an update in children's safeguarding training since 2017 due to a change in funding and training provider. The practice manager confirmed staff were scheduled to undertake this training. All staff were knowledgeable on how to recognise and report a safeguarding concern. Safeguarding concerns were discussed at the weekly partners meeting, monthly practice meetings and quarterly primary health care team meetings (these were attended by all staff and the district nurse, respiratory nurse, cardiac nurse and a health visitor were invited). Chaperone signs were in some of the consulting/treatment rooms at the Bawtry site and in all of the rooms at the Finningley site. The practice manager agreed to review chaperone signage at the Bawtry site. 	

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
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test Bawtry site: May 2018</p> <p>Date of last inspection/test Finningley site: December 2018</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration Bawtry site: January 2019</p> <p>Date of last calibration Finningley site: January 2019</p>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check Bawtry site: December 2018</p> <p>Date of last check Finningley site: October 2018</p>	Yes
<p>There was a log of fire drills.</p> <p>Date of last drill Bawtry site: September 2018</p> <p>Date of last drill Finningley site: March 2018</p>	Yes

There was a record of fire alarm checks. Date of last check Bawtry site: February 2019 Date of last check Finningley site: February 2019	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 Bawtry site: July 2018 Date of completion Finningley site: April 2017	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit: February 2019 (both sites)	*Partial
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"> *Seven non clinical staff and six clinical staff had not received an update in infection prevention and control (IPC) training since 2016 due to a change in funding and training provider. The practice manager confirmed staff were scheduled to undertake this training. We saw evidence that standards of cleanliness and hygiene were maintained. All staff were aware of their IPC responsibilities. The practice had adapted another provider's IPC policy and procedures. The front cover of the policy needed to reflect how the policy had been personalised to the practice. The practice manager said this would be completed. The vaccine fridge was plugged into a plug bank with other electrical plugs. The possibility of accidentally interrupting the electricity supply to the fridge was increased because of this. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Cover for staff absences was in place when needed.• All staff received training in sepsis.	

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

Appropriate and safe use of medicines

The practice mostly 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)	1.04	1.02	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)	7.8%	5.8%	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)	5.10	5.25	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)	1.65	3.18	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.	Yes

Medicines management	Y/N/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
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.	*Partial
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.	**Partial
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.	N/A
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
<ul style="list-style-type: none"> *Staff we spoke with knew how to raise concerns but the contact details for the local Controlled Drugs Accountable Officer and Controlled Drugs Liaison Officer were not included in the relevant Standard Operating Procedure (SOP). **The dispensary manager told us that balance checks were undertaken, however no records were made when this had taken place. 	

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 (SOPS) which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff	*Partial

compliance.	
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.	**Partial
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	*Partial
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 (MDS), 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.	****No
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.	*****Partial
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	No
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<ul style="list-style-type: none"> • *SOPs were in place for the main aspects of dispensing, however some required a review / update to take account of changes to legislation and guidance. For example, the controlled drugs SOP did not include Tramadol, which became a controlled drug in June 2014. • **We saw two examples where a pharmacist, who was not an independent prescriber, had issued acute prescriptions. These were awaiting collection by the patient and would not have been signed by a GP before the medicines were supplied. • ***A system was in place to check dispensary stock to ensure it was within expiry date, however records were not made when checks had been carried out. • ****Staff we spoke with were unaware which medicines were not suitable for inclusion in MDS, and there was no written guidance available for staff to refer to. • *****All dispensing errors were recorded as significant events; however, staff did not record near-misses (when errors are identified before medicines have been handed to patients). This meant they were not always able to identify opportunities to improve dispensing safety. 	

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.	*Partial
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and	Yes

externally.	
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> *Openness and transparency about safety was encouraged. The majority of staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. However, dispensing staff did not record near-misses (when errors were identified before medicines had been handed to patients). This meant they were not always able to identify opportunities to improve dispensing safety. Lessons were learned when things went wrong, all staff could give examples of lessons learned from significant events. All significant events were discussed at the practice meeting, primary health care meetings and the partners meetings. 	

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

Event	Specific action taken
Unexpected death	Reported as an incident, all contacts with the practice reviewed, reported to NHS England as an incident and contributed to a multiagency review.
Two patients had not received an injection for a medical condition.	Reported as an incident. The practice now runs a regular search for patient's that receive this injection. The pharmacist also adds any new patients to the waiting list.

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: <ul style="list-style-type: none"> Safety alerts were received by the practice manager who disseminated to relevant staff for either information or action. Staff were able to describe examples of recent alerts, and how actions had been completed appropriately. All applicable safety alerts were discussed at the practice meetings. 	

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
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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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.27	0.55	0.81	Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice worked closely with a community geriatrician who see the most complex older patients and provide guidance to the practice in their care. Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice were involved in a shared care Local Enhanced Service (LES) to monitor patients with

long term conditions who require higher risk medications closer to home.

- The practice met with the primary health care team every three months to discuss all palliative care patients as well as vulnerable patients.
- 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)	84.9%	81.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.5% (76)	12.6%	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)	78.5%	82.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.1% (65)	9.0%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.5%	82.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.7% (77)	14.8%	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)	75.1%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	23.5% (138)	9.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	94.3%	91.2%	89.7%	No statistical variation

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	12.9% (26)	12.9%	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)	87.3%	85.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.2% (58)	3.7%	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)	100.0%	91.4%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	8.6% (17)	5.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below 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.

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)	55	62	88.7%	Below 90% minimum (variation negative)

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	44	48	91.7%	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)	43	48	89.6%	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)	43	48	89.6%	Below 90% minimum (variation negative)

Any additional evidence or comments

- The practice have discussed the figures with the screening and immunisation coordinator, North Region (Yorkshire and the Humber) and were querying with them whether the figures were correct. The practice figures were different. A meeting to discuss how they could improve their percentages was planned, if the figures on their electronic system prove to be incorrect.

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.
- 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) (Public Health England)	77.4%	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)	81.3%	73.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in	63.9%	58.2%	54.6%	N/A

last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)				
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)	38.3%	65.6%	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)	43.6%	42.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice pharmacists liaised with the Proactive Coordinated Primary Care (PCPC) team. This is a local initiative that provides extra care and support for the most vulnerable (2% of the patient list). It is comprised of a multidisciplinary team who visit patients at home and carry out regular reviews to provide joined up care and to offer extra support, advice, referrals and general trouble shooting.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at two local residential homes.

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.
- All staff had received dementia training in the last 12 months.
- The learning disability nurse reviews patients annually either at the practice or at home.

- The practice provided support to two residential homes for patients with learning disabilities.

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%	93.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	28.9% (11)	20.8%	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)	96.8%	94.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.4% (7)	15.7%	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)	82.1%	82.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	18.8% (9)	9.1%	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)	555.5	537.5	537.5
Overall QOF exception reporting (all domains)	6.5%	6.0%	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

- We saw an audit of medication for women. The audit was undertaken to ensure all patients had received a medication review within 12 months. The audit demonstrated the percentage of patients reviewed had increased from 81% to 92%.
- We saw two full cycles of an audit for an anticoagulant medicine. The audits were undertaken to ensure all patients receiving this medication had their blood monitored every six months and were receiving the correct dose. The audit demonstrated an increase in the correct dose given from 79% to 100% and patients receiving a correct recall from 45% to 100%.

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.	*Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • *The majority of staff were up to date with their mandatory training. However not all staff had received up to date training in safeguarding children and infection prevention and control. The practice manager confirmed dates had been scheduled. 	

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: <ul style="list-style-type: none"> The practice had quarterly multidisciplinary meetings. 	

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: <ul style="list-style-type: none"> The practice website had a 'live well' section which signposted patients to supporting services. 	

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>	94.5%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (17)	0.8%	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: <ul style="list-style-type: none">Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles.	

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

CQC comments cards

Total comments cards received.	12
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	<ul style="list-style-type: none">Patients were generally very happy with the service, they said staff were very supportive, caring, courteous, professional, helpful, friendly and they felt listened to. The mixed comments and one negative comment were regarding appointments, prescriptions and medication.
Patient interviews	<ul style="list-style-type: none">We spoke with six patients who all told us that they were generally happy with the service and were given appropriate information to support them emotionally. Patients talked of having no complaints, being treated with dignity

	and respect and receiving an excellent service.
NHS Choices	<ul style="list-style-type: none"> Rated 2 ½ stars. Two reviews in the last 12 months. One positive about the service they received. One negative regarding accessing appointments.

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
7953	232	116	50%	1.46%

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)	83.8%	87.8%	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)	85.5%	86.4%	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)	92.8%	94.6%	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)	77.2%	82.1%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice were aware of areas for improvement from the GP Patient survey. This included

patient's seeing or speaking to their preferred GP and choice and satisfaction of appointments available. At the time of inspection the practice had three GP partners (two of which were part time), two salaried GP's (part time) who were all dual sited. The practice acknowledged GPs working part time impacted on patient satisfaction. To address this they have recruited two new GP partners to join the practice in April 2019.

- As a result of patient feedback they reviewed the appointment system on a daily basis and increased the number of pre-bookable appointments, telephone consultations and book on the day appointments with the GP's on a patient's needs basis.
- The practice had completed 360 degree feedback for two GP partners, both patients and the GP completed the questionnaire. Patients reported the GP was extremely effective in listening, treating them with dignity and respect, speaking to them in a way they understand and giving them enough time at the appointment.
- As a result of patient feedback the practice have also undertaken the following:
 - Introduced a patient newsletter.
 - Listed and signposted services on the practice website as first port of call during minor illnesses such as colds and coughs to alleviate pressure on the clinical team.
 - Zero-tolerance policy.

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: <ul style="list-style-type: none"> • The practice produced a monthly newsletter to inform patients of changes to the practice, health information and supporting services. This included extended hours through the hub, dispensary news, stop smoking services and self-help advice for minor illness and signs of serious illness and when to get help. 	

Source	Feedback
CQC comment cards	Patients were happy with the care they received, they said staff were very caring, supportive and listened.
Interviews with patients.	We spoke with six patients who told us that they were given treatment options and felt fully involved.

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	90.2%	91.7%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

	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.	*Partial
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The Public Health National General Practice Profile shows that around 97% of patients are of a white/British origin. Therefore the practice did not have a high demand for information leaflets to be available in other languages. The practice manager told us they had access to easy read format information if it were requested. 	

Carers	Narrative
Percentage and number of carers identified.	70 patients were identified as carers which is 0.9% of the patient list.
How the practice supported carers.	Information to support carers was available on the practice website.
How the practice supported recently bereaved patients.	The practice would invite anyone they knew as recently bereaved to the practice to offer support. The practice would also send a bereavement card.

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
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: <ul style="list-style-type: none"> The practice had an automated self-check-in system for patients to assist with confidentiality at the reception desk. The practice had distance markers for the queue at the reception area to ensure privacy was 	

maintained.

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: <ul style="list-style-type: none"> Reception staff had been trained to triage patients to the most appropriate clinician. Patients had access to a pharmacist, advanced nurse practitioner, nurse, healthcare assistant and GP. At the time of inspection the hearing loop could not be located. The practice manager agreed a portable hearing loop would be purchased. The practice offered all patients 12-15 minute appointments with the GP to allow them more time. 	

Practice Opening Times	
Day	Time
Opening times: Station Road	
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
Opening times: Finnigley	
Monday	8.00am - 12.30pm and 3.15pm - 6.00pm
Tuesday	8.00am - 12.30pm and 3.15pm - 6.00pm
Wednesday	8.00am - 12.30pm and 3.15pm - 6.00pm
Thursday	8.00am - 12.30pm and 3.15pm - 6.00pm
Friday	8.00am - 12.30pm and 3.15pm - 6.00pm
Appointments available	Morning and afternoon appointments were available daily at both sites Monday to Friday with the exception of Wednesday afternoon when the Finnigley practice was closed.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7953	232	116	50%	1.46%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.5%	94.6%	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.
- 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.
- The practice pharmacist provided support to older patients, in particular with polypharmacy issues either face to face or by telephone consultation.
- 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.
- There was a medicines delivery service for housebound 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.
- There was a medicines delivery service for palliative care patients.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- The practice produced a monthly newsletter to inform patients of changes to the practice, health

information and supporting services. This included extended hours through the hub, dispensary news, stop smoking services and self-help advice for minor illness and signs of serious illness and when to get help.

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 a member of a Hub. The Hub service is an extension of the mayflower medical practice and offers routine and same day appointments with a range of clinicians at four practices in Doncaster.
- The practice pharmacists saw patients face to face and offered telephone consultations for medication queries, medication reviews and medication changes.

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.

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 patients to these accordingly. For example, patient's aged over 65 experiencing anxiety, low mood or other common mental health conditions were encouraged to try a free talking therapy service at the Talking Shop. Information for this service was available on the practice website.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

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"> The receptionist would take the details from the patient requesting a home visit and add the request to the computer appointment screen. The duty doctor would call the patient to review and assess the urgency of the request. 	

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)	66.4%	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)	63.2%	67.4%	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)	54.7%	64.9%	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)	59.0%	73.3%	74.4%	No statistical variation

Source	Feedback
CQC comment cards	

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.	9
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	Yes
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">• The complaints process was available on the practice website and in a complaints leaflet.• All complaints were discussed at the practice meeting and the partners meeting.• Complaint themes were discussed with the virtual Patient Participation Group (vPPG), to improve the patient experience. The vPPG told us that the practice promotes openness and sees complaints as an opportunity to improve and promote good practice. It also enables them to continuously evolve to meet the changing demands of a growing, dynamic, local population.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy they were asked for more than one patient identifier when collecting prescription.	Patient was given assurances this was part of the checking procedure. Apology given.
Lack of availability of nurse appointments	Recruited one nurse and one locum nurse.

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: <ul style="list-style-type: none">• The practice had a stable partnership with low staff turnover.	

- Staff reported that they felt well led, supported and part of a team.
- The leadership team were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. The practice patient list was increasing. In response the practice had recruited two new GP partners who will join the practice in April 2019.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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"> • The practices vision was to 'provide a high standard of medical care, to be committed to the needs of our patient population and continue to maintain a high quality of care through effective collaboration and teamwork'. 	

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"> • The leadership encouraged pride and positivity in the practice and focused attention on the needs and experiences of patients. • Leaders encouraged compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported. There were positive relationships between staff and teams. They actively promoted staff empowerment to drive improvement, and raising concerns was encouraged and valued. Staff actively raised concerns and those who do are supported. 	

Concerns were investigated, and lessons were shared and acted on.

- The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

Source	Feedback
Staff interviews	Staff told us the management were very supportive, approachable and they listened. Staff feedback demonstrated they were knowledgeable and understood the reporting of incidents.

Governance arrangements

There were some 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.	*Partial
Staff were clear about their roles and responsibilities.	**Partial
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • *Governance arrangements were reviewed in general practice and reflected best practice. However, the practice should review the governance arrangements for the dispensary service to ensure the lead GP for dispensing is assured of the safety and quality of the service provided. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	*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:	

- The practice had processes to manage current and future performance. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. However, the practice should review the risk management approach in the dispensary service to ensure it was applied consistently.

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

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"> • The practice had a virtual patient participation group (vPPG) and meetings had lapsed. They were in the process of relaunching the PPG and were actively encouraging patients to join. • The practice were transparent, collaborative and open with the patient participation group about performance, to build a shared understanding of challenges to the practice and the needs of the patients and to design improvements to meet them. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • They spoke very highly of the practice. They told us the practice were very open, transparent and engaging, they were aware of the challenges and action the practice had taken to improve. They said the practice were exemplary in giving ownership to the vPPG and worked collaboratively to meet the needs of patients.

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: <ul style="list-style-type: none">• The majority of staff were up to date with their mandatory training. However not all staff had received up to date training in safeguarding children and infection prevention and control due to changes in funding and training provider. The practice manager confirmed this had been scheduled.• Staff had access to additional training, for example alcohol and drug awareness, combating child sexual exploitation, pandemic procedures and stress essentials.• We saw from records that learning from incidents and complaints were shared with staff.• All dispensing errors were recorded as significant events; however, staff did not record near-misses (when errors are identified before medicines have been handed to patients). This meant they were not always able to identify opportunities to improve dispensing safety.	

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 practices 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.