

Care Quality Commission

Inspection Evidence Table

Dr Gian Singh (1-496482761)

Inspection date: 12 March 2019

Date of data download: 18 February 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
<p>vulnerable adults.</p> <ul style="list-style-type: none"> • They also had a good understanding of the issues around female genital mutilation (FGM) and described situations when this had been discussed with patients. • The practice told us there were challenges around accessing the school nurses due to the structure of the service, although they enjoyed a good working relationship with the health visiting team, who were in the same building. They told us the health visiting team shared information on their behalf with the school nurses. • A number of policies and procedures were overdue for review. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw proof of identity including a recent photograph and references were not available in all staff files reviewed. In addition, the DBS check, references and up to date indemnity insurance for the locum GP were not seen during the inspection. • The practice provided evidence of the DBS check, references and up to date indemnity insurance for the locum GP and references for one member of staff following the inspection. • The practice did not have a record of immunisation status for non-clinical members of staff. The practice provided evidence for three members of staff following the inspection and was obtaining the information for the remaining staff. 	

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: September 2018	Yes
There was a record of equipment calibration. Date of last calibration: September 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	No
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	No
There was a log of fire drills. Date of last drill: October 2018	Yes
There was a record of fire alarm checks. Date of last check: February 2018 plus weekly checks	Yes
There was a record of fire training for staff. Date of last training: 2018 via on line learning	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	No
Actions from fire risk assessment were identified and completed.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had not obtained assurances from the landlord regarding fire extinguisher checks, or the completion of a fire risk assessment or storage of hazardous substances risk assessment. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Yes
Explanation of any answers and additional evidence:	

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:	March 2018
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"> • The Infection Protection and Control (IPC) team were due to undertake an infection control audit in March 2019. • The practice had not obtained assurances from the landlord that an up to date legionella risk assessment had been completed and water temperatures were checked regularly. The practice provided this information following the inspection. The legionella risk assessment was dated November 2018. 	

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	No

impact on safety.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Sepsis guidance was available for reception staff. Staff spoken with were aware of the symptoms to ask to about, observe for and the action they should take. • The practice acknowledged that a contingency plan needed to be in place to cover when the nurse practitioner was not available and used agency nurses to cover any absences. 	

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
<p>Explanation of any answers and additional evidence:</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.89	0.99	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	4.5%	5.3%	8.7%	Variation (positive)
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) <small>(NHSBSA)</small>	6.54	5.34	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) <small>(NHSBSA)</small>	2.35	2.04	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
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	NA
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	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	NA
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.	NA
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.	Partial
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> <ul style="list-style-type: none"> The practice stocked most of the suggested emergency medicines and had completed a risk assessment for those that were not stocked. The practice had not risk assessed whether a medicine used to treat a specific condition in children was required. The practice informed us following the inspection that a supply of this medicine had been obtained. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We observed incidents that could be viewed as significant events, for example accidents involving patients and staff, examples of care given to patients in crisis and vaccination errors. The incidents had been managed well but the opportunity to formally record, review and discuss the learning had been missed. 	

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

Event	Specific action taken
The results of blood tests requested by the practice had not been returned.	Due to a technical error the blood results were not shared electronically with the practice. This had a potential impact on the patient as the results were abnormal. The nurse practitioner raised their concerns with the hospital trust. On receipt of the results the patient was treated appropriately.
A repeat chest X-ray as not organised as requested.	Requests of this nature were recorded in a book for reception staff to action. In this instance the request had not been recorded in the book and an electronic task had not been created as a reminder. The procedure was changed so that any requests were actioned at the time through a referral to the relevant hospital to make and send out the appointment.

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"> Alerts were received by the practice manager and GP and disseminated to the practice pharmacist and nurse practitioner. We saw evidence to support that appropriate action had been taken in response to recent safety alerts. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The nurse practitioner was responsible for managing the reviews of patients with long-term conditions. The practice contacted patients either by telephone or letter as a reminder to book an appointment for their review. Long-term conditions were reviewed separately with the nurse practitioner generally undertaking all the tasks, for example observations, bloods, discussion around the management of the condition, updating the management plan and any medication changes as required. Patients told us that the reviews undertaken by the nurse practitioner were extremely thorough and informative. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.12	0.78	0.81	No statistical variation

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 carried out joint home visits with the community nursing team or community matron if required.

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. The diabetic specialist nurse visited monthly to review complex diabetic patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Most of the practice’s performance on quality indicators for long-term conditions were in line with or above the local and national averages.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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 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) <small>(QOF)</small>	76.7%	78.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.3% (16)	11.3%	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) <small>(QOF)</small>	88.2%	81.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.6% (5)	6.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.0%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (9)	9.5%	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) <small>(QOF)</small>	72.5%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (3)	2.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.3%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.7% (2)	8.5%	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)	87.8%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (9)	2.8%	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)	98.0%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (1)	4.8%	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 when necessary.
- Young people could access services for sexual health and contraception.
- The practice held weekly immunisation clinics and appointments could also be made at other times.
- The midwife visited the practice weekly.

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) <small>(NHS England)</small>	39	41	95.1%	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) <small>(NHS England)</small>	40	44	90.9%	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) <small>(NHS England)</small>	40	44	90.9%	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) <small>(NHS England)</small>	41	44	93.2%	Met 90% minimum (no variation)

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)	73.2%	71.6%	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)	61.2%	67.9%	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)	46.3%	49.1%	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)	88.9%	75.6%	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)	29.4%	44.7%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme. The practice recognised this and was actively promoting the uptake of screening through posters, badges and opportunistic screening. The specialist outreach nurse was available to support with screening tests for housebound patients.
- The practice followed up patients who did not attend for their appointment with a telephone call or letter to book a further appointment.
- The practice's uptake for breast cancer screening and bowel cancer screening was below the national average. The practice recognised this a challenge and planned to promote these tests within the practice.

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.

**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.
- 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.

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) <small>(QOF)</small>	100.0%	91.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	15.0% (3)	7.8%	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) <small>(QOF)</small>	94.4%	93.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (2)	4.7%	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) <small>(QOF)</small>	80.8%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (1)	6.0%	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)	552.8	531.7	537.5
Overall QOF exception reporting (all domains)	3.0%	5.3%	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

<p>The nurse practitioner had undertaken an audit on the care of patients with chronic obstructive pulmonary disease (COPD). The audit looked at the referral rate and uptake of pulmonary rehabilitation and the type of inhalers prescribed to reduce the use of steroid inhalers due to the increased risk of community acquired pneumonia. The first audit identified that of 61 patients who met the criteria for referral to pulmonary rehabilitation, only six patients had been referred. The practice proposed to increase the number of patients offered a referral. The second audit identified that of 40 patients had been referred, 12 patients had accepted the referral and 28 patients had declined. Two patients had successfully completed the programme. The audit also identified the barriers to attending the programme, which included reluctance to travel to the location of the programme, poor transport links, competing personal priorities and negative perceptions of the programme. The audit also identified 35 patients on the COPD register without any underlying asthma who were prescribed a steroid inhaler. These patients were reviewed by the pharmacist and their prescriptions swapped to a LABA/LAMA combination inhaler.</p> <p>Because of the low numbers of patients completing pulmonary rehabilitation, the practice planned to organise an educational event and invite patients diagnosed with the COPD and the pulmonary rehabilitation team to attend. The nurse practitioner and the pharmacist also planned to arrange training sessions on pulmonary rehabilitation for clinical staff.</p>

Any additional evidence or comments
The practice had undertaken an audit and analysis of patient satisfaction following minor surgical procedures. The majority of the results were positive. The practice had also analysed the peer review process for referrals to secondary care. This showed a reduction in the number of referrals made.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The nurse practitioner was studying towards a post graduate degree to become an Advanced Clinical Practitioner. • Staff were provided with weekly protected learning time. • There was evidence to support that the newly appointed member of staff had completed an induction programme. 	

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

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"> Patients with long-term conditions were given self-management plans and rescue medicines if appropriate. Patients with diabetes were referred to educational programmes such as Diabetes and Me, and could access the health trainer and weight management clinics as required. 	

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>	96.1%	97.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (1)	0.3%	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">• The practice staff documented consent within their electronic systems and had written consent forms for joint injections.• Staff we met had a clear understanding and awareness of capacity, best interest decisions and of Gillick and Fraser competencies.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Reception staff provided examples of how they had supported distressed patients, by taking them to a separate room for privacy and providing written information and guidance as appropriate. 	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Interviews with patients	We spoke with six patients who told us that they were happy with the service they received. Patients talked of having no complaints, being treated with respect and receiving a good service. Two patients commented specifically about the reception staff and how they went above and beyond to help them with any queries or difficulties that they may have. They described the practice as like an extended family.
CQC comment cards	Twenty-one comment cards were completed by patients. Patients said they felt the practice offered a good service and staff were helpful and caring.
NHS Website	Three comments had been posted on the NHS Website (previously known as NHS Choices) since October 2018. The practice had responded to the comments. All three comments were positive about staff interaction with patients.

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
2737	357	112	31.4%	4.09%

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)	81.4%	86.5%	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)	80.6%	85.5%	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)	94.2%	94.8%	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)	84.3%	81.3%	83.8%	No statistical variation

Any additional evidence or comments

The practice reviewed and displayed the results from the NHS Friends and Family Test in the waiting room. The results from the previous six months were on display.

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

Any additional evidence

- The patient participation group told us they supported the practice with patient surveys. They told us they designed the surveys and decided on the questions to be asked.
- The practice had undertaken an audit and analysis of patient satisfaction following minor surgical procedures.

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"> • Information about support groups was displayed in the waiting room. 	

Source	Feedback
Interviews with patients.	Patients spoken with told us that the GPs and the nurse practitioner were good at listening to them and explaining their condition and treatment to them. They told us they felt involved in their care and treatment.
CQC comment cards	Four comment cards specifically made reference to the GP listening to them, providing reassurance and adjusting medication and treatment to meet the patient's specific needs.
NHS Website	Three comments had been posted on the NHS Website Choices since October 2018. The practice had responded to the comments. All three commented that the GPs involved them in their care and treatment and fully explained any diagnosis or treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.3%	91.3%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff told us they booked interpreters as required. 	

Carers	Narrative
Percentage and number of carers identified.	The practice population on the day of the inspection was 2,737. The practice had 61 registered carers. This represented 2.2% of the practice population.
How the practice supported carers.	The new patient registration form asked patients if they were or had a carer. Carers were coded on the electronic records and all carers were offered an annual flu vaccination and health check. The waiting room had a Carers' Corner with information, signposting and sources of support. The practice had also sent up a carers Facebook page on the practice website.
How the practice supported recently bereaved patients.	Information about bereavement services was available. The practice maintained a record of all deaths including where the patient died. Staff often supported bereaved families by attending the funeral.

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"> • There was a notice on display advising patients that a private room was available. 	

Responsive

Rating: Good

The rating for this domain has changed from outstanding to good because there has been a reduction in the extended access provided by the practice. Extended access is now being provided by the Extended Access GP service.

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"> The practice held multidisciplinary team meetings every two weeks. These meetings were attended by the community nursing team, community matrons and palliative care team. These meetings were an opportunity to discuss housebound patients, patients living with dementia, those with palliative care needs and patients with multiple co-morbidities. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 1pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
GP Appointments available:	
Monday	9am to 12pm / 4.30pm to 6.40pm
Tuesday	8.40am to 10.50am / 4pm to 6pm
Wednesday	9am to 12pm
Thursday	8.40am to 11.10am / 3.30pm to 17.30pm
Friday	8.20am to 10.30am / 3.30pm to 6pm
Nurse Practitioner Appointments available	
Monday	9am to 12pm / 12.30pm to 4.30pm
Tuesday	9am to 12pm / 2.30pm to 4.30pm

Wednesday	9am to 12pm
Thursday	9am to 12pm / 12.30pm to 4.30pm
Friday	N/A currently as at University
Phlebotomist Appointments available	
Monday	9.30am to 11am
Tuesday	
Wednesday	9.30am to 11am
Thursday	9.30am to 11am
Friday	
<ul style="list-style-type: none"> • The practice offered a mixture of pre-bookable and on the day appointments from Monday to Thursday. All GP appointments on Fridays were book on the day. • The practice employed the services of another provider to provide care for patients or signpost them to other services as appropriate between 12pm and 6.30pm on Wednesdays. 	

Extended GP Access Service

Patients had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.

Extra GP appointments were available between:

- 6.30pm – 9pm weekdays (all four hubs)
- 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice)
- 11am – 1.30pm Bank Holidays (all four hubs)

Appointments could be booked by calling 01922 501999 during the following times:

- 8am – 9pm weekdays
- 10am – 3pm weekends
- 11am – 1.30pm bank holidays

NHS 111 were also able to book appointments for patients.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2737	357	112	31.4%	4.09%

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)	93.5%	93.9%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Patients were referred to the falls clinic / frailty clinic as required.
- Local pharmacies provided a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term respiratory conditions were given self-management care plans and rescue medicines to assist them with managing their own care.
- Patients with diabetes, if appropriate, could be referred via a number of routes for support and assistance with weight loss.
- 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.
- The practice provided in-house electrocardiogram (ECG) which is a test used to check the rhythm and electrical activity of the heart, and spirometry. (Spirometry is a test used to help diagnose and monitor certain lung conditions).

Families, children and young people

Population group rating: Good

Findings

- GP appointments were available until 6.40pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under 5 years 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. For example, on line services, GP appointments until 6.40 pm on Mondays and access to the extended hours hub for evening and weekend appointments.
- All GP appointments on Fridays were book on the day.
- Pre-bookable appointments were available to all patients at additional locations within the area, through the Extended GP Access Service. Appointments were available between 6.30pm and 9pm on weekdays, between 10am and 3pm on Saturday and Sunday, and 11am and 1.30pm on bank holidays.
- Patients were able to access travel vaccinations.

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 currently had two patients with no fixed abode registered.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Staff shared an example of how they had sought support from the learning disability nurse to assist a patient to access national screening programmes through discussions with the patient and family.

**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.
- Staff shared examples of how they had supported patients experiencing a crisis. For example, a member of staff had taken responsibility to ensure that the weekly prescription for a patient was available as they did not always remember to order it and became distressed when it wasn't ready.
- Another example involved a patient who needed urgent help and was assessed as needing to be seen a consultant as soon as possible. The patient had no means of transport so the staff organised and paid for a taxi, and contacted the hospital to say the patient was on the way and asked for confirmation that the patient had arrived.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients with dementia and their carers were signposted to the dementia cafes organised within the local community and could be referred to the Alzheimer's Society for support.

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

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)	86.4%	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)	76.7%	67.0%	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)	75.8%	65.1%	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)	83.5%	70.8%	74.4%	No statistical variation

Source	Feedback
Interview with patients	We spoke with six patients during the inspection. They told us they were able to get appointments when needed, although they had to wait longer for appointments with the nurse practitioner.
CQC comment cards	Three comment cards made reference to appointments. Two patients commented that they could get appointments when they needed one, and one commented on the lack of appointments full time workers and the wait time for a nurse practitioner appointment.
NHS Website	Three comments had been posted on the NHS Website since October 2018. The practice had responded to the comments. Two patients commented that they were

	able to access appointments when they needed them.
--	--

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.	0
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had not received any written complaints since 2017. We examined this complaint and found that it had been handled appropriately. Staff told us they managed any verbal complaints as they arose. These complaints were recorded in a complaints book. We didn't see evidence that these complaints were reviewed for any trends or themes. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
No recent complaints to identify any learning from	

Well-led

Rating: Requires Improvement

Leadership capacity and capability

We rated the practice as requires improvement for being well-led because:

- The practice did not have a clear and effective process for managing risks, issues and performance.

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 developed a business succession plan in January 2018, to be reviewed every five years. The plan set out the different options available and the preferred outcome, which was to recruit a salaried GP.	

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 values and ethos of the practice focused on supporting the local community and the patients, and working with them to meet their needs. Through discussion and observation of staff it was clear that they worked in a way that supported the values and ethos.	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff were aware of their whistleblowing policy and told us they would raise any concerns if necessary. 	

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

Source	Feedback
Interviews with staff	<p>Staff told us they enjoyed working at the practice and spoke highly of the culture. They reported they felt respected and valued.</p> <p>A newly appointed member of staff told us they had been well supported during their induction and they felt able to ask for help and assistance as required.</p>
Patient Participation Group (PPG)	<p>The PPG enabled the practice to discuss developments with patient representatives and to receive feedback to support changes within the service.</p> <p>The PPG was a mature group which had been established for many years. They told us they organised and chaired their meetings, and the practice manager was invited to attend. The group felt respected and valued by the practice and enjoyed a good working relationship.</p>
Community Nursing Team	<p>Staff told they had a good working relationship with the practice. They told that if a patient needed anything urgently, the practice was efficient at sorting things out. They said they were able to get appointments for patients when needed and care was transferred back to the nurse practitioner when the patients' condition improved. Any relevant information from the multidisciplinary team meetings was shared electronically and available for community staff to refer to.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice held monthly staff meetings. Communication was effective and organised through structured, minuted meetings.	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had not been able to obtain assurances from the landlord regarding fire extinguisher checks, or the completion of a fire risk assessment or storage of hazardous substances risk assessment or provide evidence that they had asked for this information. • The practice had not assured that the staff were up to date with their immunisations. • The practice did not make full use of information available through the identification of significant events or complaints to assess, monitor and develop the service through shared learning. • The practice had not considered the impact of the nurse practitioner attending university one day a week and the subsequent reduction in availability of appointments. • Cover was not provided when the phlebotomist was on leave. The practice told us that an additional morning clinic was provided prior to the phlebotomist going on leave. • A number of policies and procedures needed reviewing and updating. 	

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
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:	
<p>The practice worked closely with the local community and had links with local churches, community groups and the local housing association. Staff were aware of support in the community, for example dementia cafes organised by the local church. The practice and the patient participation group also supported the Beechdale Fund Raisers, a local organisation which organised trips out for children in the locality.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We met with four members of the patient participation. The PPG organised and chaired their own meetings and invited the practice manager to attend. The PPG reported that the practice listened to views whether positive or negative and made changes wherever possible. The PPG supported the practice with fund raising and donations. The PPG told us they had suggested that a locum nurse was employed when the nurse practitioner was on leave, and this suggestion had been listened to and acted upon.</p> <p>The PPG had previously organised an annual health fayre with speakers and stalls. This year they were moving towards smaller regular events. They planned to hold four themed coffee afternoons rather than one large event. The first event had been a come and chat event and the next event arranged for May 2019, planned to cover chronic obstructive pulmonary disease (COPD). This was advertised on the practice website, and all patients identified with this condition would also be invited. The PPG planned to invite the specialist nurse to this event.</p> <p>The PPG had also developed a newsletter, which they planned to leave in the practice for patients to look at and/or take away. The first newsletter contained information about the staff, the change to the health fayres, the extended hours hub a word search and dot to dot for children to complete.</p>

Continuous improvement and innovation

There were 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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff told us they were supported to develop their skills and knowledge. The nurse practitioner had successfully completed an undergraduate degree in specialist general practice and was studying towards a post graduate degree in advanced clinical practice. The nurse practitioner had secured the funding and practice provided support through agreed study time.• The practice had recently employed a new member of staff who had undertaken an apprenticeship at the practice.• The practice was working closely with the dermatology consultants to reduce the number of referrals to secondary care. With the patient's consent, photographs were forwarded to the consultant for review. The practice told us the consultant responded within two to three days, with either instructions on how to treat or advising the patient needed to be referred.• The practice did not make full use of information available through the identification of significant events or complaints to assess, monitor and develop the service through shared learning.	

Examples of continuous learning and improvement

- The practice had identified barriers to patients attended pulmonary rehabilitation courses and was trying to address this through the development of a peer support group for these patients following an educational event at the practice.

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.