

# Care Quality Commission

## Inspection Evidence Table

### Darwin Medical Practice (1-556074566)

Inspection date: 18 February 2019

Date of data download: 07 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.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Staff we spoke with demonstrated comprehensive understanding of all areas of safeguarding. The policies were up to date and contained information about	

Safeguarding	Y/N/Partial
female genital mutilation (FGM) and modern slavery. The lead GP for safeguarding held meetings at which concerns were shared, discussed and documented. We saw that the practice had taken suitable safeguarding steps for the welfare of a younger person in a carers role.	
Chaperones were offered to patients who required them and all staff who acted as chaperones had appropriate Disclosure and Barring Service (DBS) checks in place. The clinical staff acted as chaperones wherever possible.	

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
Explanation of any answers and additional evidence: Staff vaccinations were up to date and the practice had dedicated support from a local hospitals occupational health department.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes February 2019
There was a record of equipment calibration. Date of last calibration:	Yes December 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes December 2018
There was a log of fire drills. Date of last drill:	Yes December 2018 for both branches. February 2019 main site.
There was a record of fire alarm checks. Date of last check:	Yes February 2019
There was a record of fire training for staff. Date of last training:	Partial February 2019
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes September 2017
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence: We saw risk assessments for some substances covered under the control of substances hazardous to health (COSHH). There were original data sheets for all COSHH substances used within the practice. We noted that the practice had taken steps to review their entire risk assessment process in relation to all aspects of health and safety and infection prevention and control. Staff showed us work in progress and that this was being conducted by an external consultant.</p> <p>The fire procedure had recently been reviewed and the review date was February 2019.</p> <p>There were seven staff who had not had recent fire training. However, the practice had a plan in place to correct this soon.</p> <p>The fire risk assessment was booked for review in September 2019.</p> <p>A zone plan had been required and had now been positioned next to the fire alarm panel as required.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes August 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 2018
Explanation of any answers and additional evidence: The practice had employed an external consultant to review their health and safety risk assessments in 2019 and were expecting the review to be completed soon.	

## 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:	April 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
<p>Explanation of any answers and additional evidence: A full infection prevention and control (IPC) audit was carried out monthly and supplemented by quarterly audits which included both branch sites. The overall score for the audit was 80% and this was due to maintenance issues at the main site. The practice had a record of e mails between themselves and NHS facilities requesting maintenance for example when plaster had come away from the wall, and that their requests had not been met due to plans for a new build within the next few years. The practice had been responsive to the problems and had reorganised rooms so that clinical rooms did not have walls with holes in the plaster. The building was old and in some areas, had become resistant to cleaning. The practice had a detailed whole practice cleaning schedule, plus a laminated room cleaning chart for each clinical room. We saw that there was clear communication between the practice and the cleaning staff to ensure that where areas were resistant to cleaning all reasonable efforts had been taken to clean the areas effectively.</p> <p>A detailed and dated IPC plan was in place to support both the full and interim audits.</p> <p>IPC risk assessments were in place and were under review at the time of inspection.</p>	

## 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 another 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: The practice receptionists had received signpost training for deteriorating patients and had a clear protocol in place which ensured a patient with those symptoms was seen quickly. The practice had a recent event where the receptionists had acted promptly; used the practice emergency help system and rung 999 for an emergency ambulance, as a patient had collapsed upon arrival at the practice.	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: The GPs were tasked with checking on referrals via their electronic task system. During the inspection the practice identified that they had further system changes to make and were planning to reduce GPs administrative tasks.	

## 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>	0.97	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) <small>(NHSBSA)</small>	9.9%	8.4%	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) <small>(NHSBSA)</small>	4.88	5.44	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>	2.51	1.88	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).	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	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.	Not applicable
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence: The Patient Group Directions (PGD) were all up to date and appropriately signed. The practice had an index to which they planned to add the review dates to support their ongoing review of this process. Patient specific directions (PSD) were managed and supervised by the lead nurse and a GP.</p> <p>The practice had ensured that all emergency equipment was standardised after their merger. To ensure that all staff would know where to find equipment the practice had relocated all emergency equipment to a central area within each site. We saw that the primary oxygen cylinder on the main site was nearly empty and that this had been reordered and was due to be delivered the day after our inspection. The oxygen had recently been used and there had not been a delay in reordering. The back-up oxygen cylinder on the main site was full. Both oxygen cylinders were full at the Chasetown branch site.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	30
Number of events that required action:	30
Explanation of any answers and additional evidence: The practice encouraged the reporting of all concerns and events and staff we spoke with confirmed that leaders were supportive when a problem arose. Staff told us that they felt confident to report when things went wrong and that the practice leaders and management team were interested in sharing the learning from a problem to prevent recurrence. We saw that events were discussed at a variety of practice meetings and that these meetings were recorded. However, there was not a consistent approach to analysing the event or the root cause of the problem. The practice was receptive to feedback and immediately after inspection sent us their new process which included a detailed root cause analysis.	

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

Event	Specific action taken
A patient presented with discomfort in one breast. Initial examination equated with decision not to refer. A few months later the patient attended a screening mammogram which detected cancer and the patient required surgery.	The practice reviewed its decision protocol for patients with breast discomfort / lumps. A new protocol was put in place for those patients that were not referred following an examination at the practice. These patients would be encouraged to return within one month for a further check.
A patient who required an urgent referral under the two weeks wait scheme was asked to contact the practice if they had not heard anything within a week. Referral form had been completed on the digital dictation system but not sent to secretaries.	The practice reviewed the two weeks wait process to avoid repetition of this type of incident. The staff developed an improved protocol and shared this at a Clinical Governance Meeting in October 2018. An alert was now added to any patient record if they have been referred for a two week wait referral. The task ensured that the GP checked that the referral had been made.

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: The practice shared the minutes from the clinical governance meetings with all clinical staff. These were also accessible on the practices shared drive. Staff we spoke with were aware of recent incidents and able to tell us about lessons learned.

There was a log of all alerts received, and key staff were responsible for taking action in response to specific alerts. For example, the GP and pharmacist dealt with alerts relating to medicines; the lead nurse dealt with alerts related to medical devices; the practice manager dealt with alerts which affected the environment. Staff were knowledgeable about recent alerts and confirmed actions the practice had taken. However, there was not managerial oversight of all actions taken.

## 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: The practice had developed internal protocols based on best practice guidelines to ensure consistency of approach in treating patients.</p> <p>The practice had adopted a technological aid to support the diagnosis of atrial fibrillation (AF) and to improve the response time for anticoagulation therapy for AF (the anticoagulation of AF was required by best practice guidelines). The practice had developed a clear internal protocol which reflected best practice guidelines for use of this device and had planned an audit within twelve months of introduction to demonstrate the perceived effectiveness. The practice had invested in three devices, one for each site. Although they had not yet conducted their formal review the staff we spoke with expressed very positive views about this technology and perceived it to be useful.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.43	0.56	0.81	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.4%	78.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.9% (107)	11.7%	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>	63.5%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.8% (150)	10.3%	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>	84.0%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.3% (188)	13.9%	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>	70.4%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (92)	11.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.7%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	15.8% (62)	11.8%	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)	74.1%	81.4%	82.6%	Variation (negative)
Exception rate (number of exceptions).	4.7% (135)	4.6%	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)	81.8%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (13)	5.3%	6.7%	N/A

#### Any additional evidence or comments

The practice was aware of the variation for blood pressure monitoring in patients with hypertension. They had reviewed their recall system, included opportunistic monitoring of these patients when attending the surgery. The figures for the most recent year had improved and were in line with the Clinical Commissioning Group (CCG) and England averages.

The practice was aware of some areas of care having higher than CCG or NHS England exception reporting. The practice had reviewed their call back system since merging and had revisited the reminders they sent to patients. They had also added a flag to their electronic system to opportunistically prompt patients to attend for review.

#### 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.

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)	155	159	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	146	154	94.8%	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)	144	154	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	148	154	96.1%	Met 95% WHO based target (significant variation positive)

### 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. The practice had continued with the health checks for patients over 40 years of age.
- 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	75.0%	75.3%	71.7%	No statistical



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)				variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.7%	71.7%	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)	62.1%	58.4%	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)	71.4%	71.5%	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)	47.4%	47.7%	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 considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

### 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.

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)	54.8%	90.7%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	4.6% (6)	17.1%	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)	84.7%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (6)	14.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.1%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.8% (13)	5.4%	6.6%	N/A

### Any additional evidence or comments

The practice had been concerned about the results for patients with schizophrenia not having a comprehensive care plan in place. They had commenced an audit to identify an up to date register for these patients and to inform the practice about which patients required active recall and follow up. The practice showed us the progress of the audit at inspection and that figures for the year were considerably improved. The practice completed the audit the day after our inspection and forwarded the audit to us. The figures for the current year are on track to be at 90% by the end of this year. We were also shown the SEA (significant event analysis) for the negative result. The practice had identified the poor result as an SEA and encouraged whole practice wide learning. The detail in the SEA also identified additional measures and staff with specific expertise who could help prevent the situation recurring.

### 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)	532.2	543.0	537.5
Overall QOF exception reporting (all domains)	7.0%	5.8%	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

- Although the practice had not developed a proactive forward audit plan they had conducted a wide variety of audits over the past two years.
- There were several audits for medicines in response to alerts about medicines.
- One audit sought to improve the number of patients receiving an annual medicine review. The practice refined their review process because of the audit and then changed their criteria to refine the next cycle of the audit.
- The practice planned to audit their technology assisted diagnostic tool for atrial fibrillation.

### 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.	Not Applicable
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: The most recently appointed health care assistant had already obtained the certificate before joining the practice.	

### 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.	Not Applicable
Explanation of any answers and additional evidence: The practice maintained records of patients on the palliative care register and identified when patients had died in their preferred location. The practice also recorded what circumstances had affected the few patients who had died in places other than their preferred location. The practice proactively worked with the wider multi-disciplinary team to promote the preferences their patients had expressed.	

## 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: The practice continued to offer support to patients who wished to cease smoking.	

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,	94.3%	94.9%	95.1%	No statistical variation

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>				
Exception rate (number of exceptions).	2.3% (105)	0.9%	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: The practice had suitable consent forms which complied with current best practice guidelines for the range of services they offered to their patients. For example, minor surgery or family planning. Staff we spoke with understood the importance of gaining and recording valid consent.	

# 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: Although the main site was an old building and space was a challenge staff sought to provide a private room should a patient wish to use one instead of main reception.	

CQC comments cards	
Total comments cards received.	11
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.	0

Source	Feedback
CQC comments cards	All 11 of the CQC comment cards reported positive experiences about the way the practice treated people with kindness, caring and compassion.
NHS Choices	The practice had a two-star rating based on twelve reviews. We noted that 11 of the reviews were within a year of the practice merger in 2017 and that the most recent comment was a five-star positive comment. Of the 11 earlier comments only one was negative about the care received.
Patient Participation Group (PPG)	We spoke with several members of the PPG who all reported positively about the way they saw the practice treated people with kindness, caring and compassion.
Nursing/Care homes	The practice offered a GP service to nine local care homes. We spoke with representatives from seven of these. Representatives from the homes we spoke with told us that they were pleased with the standard of care provided by the practice to their residents.

## 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
16935	256	112	43.8%	0.66%

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)	87.7%	89.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.8%	87.4%	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)	98.7%	96.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.8%	83.0%	83.8%	No statistical variation



### Any additional evidence or comments

The practice routinely reviewed the data from the GP survey and treated all responses are informal concerns/complaints and we saw that these were discussed at the practices journal club meetings during protected learning time. The practice used the feedback to identify where they could improve and to continuously apply the learning from the survey.

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

### Any additional evidence

The practice involved its Patient Participation Group (PPG) to support an annual survey. PPG members would attend all three sites and talk with other patients using a questionnaire they had developed with the practice. The members of the PPG we spoke with had been given supportive guidance by the practice about asking patients they spoke with and gaining their verbal consent to fill in the questionnaire. The practice had sought opinions from patients on recent changes as well as proposed new developments.

### 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: The electronic check in screen was only in English at the time of inspection. Staff told us that the device had recently received an update which had reset the screen and that it was usually available in other languages. The practice would rectify this in the immediate future.	
The practice used an interpreter service when required. The practice also had staff who could speak French, Dutch and German.	

Source	Feedback
Interviews with patients.	Patients we spoke with reported that they felt involved in decisions about their care and treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	95.8%	94.8%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				

	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: Information was available in braille upon request for patients who had limited or no sight.	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 80 patients 0.47% of their patients as having carer responsibility. The practice advised us that they sent out over 100 invitations for carers annual review and that this figure was probably coding error. Immediately after inspection the practice re ran their report and sent us a screen shot of this; which identified 369 patients who had caring responsibilities. This was 2% of the patients who used the practices services.
How the practice supported carers.	The practice offered carers an annual review of their own health and an annual influenza inoculation. There was a dedicated board in the waiting area of the main site with information about activities and further support systems for carers. Carers' packs containing relevant information regarding local support and services were provided opportunistically, during health checks and were available at reception.
How the practice supported recently bereaved patients.	All staff were sent a task in the event of a patient death so that they knew if a patient was recently bereaved. Recently bereaved patients were offered flexible appointments if the patient wished.

## 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: Auditory privacy was maintained at the reception desk with the use of a radio which the practice held the required licence for. We observed that receptionists spoke clearly and quietly to further promote auditory privacy.	

## 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: The practice held registers of long term conditions that were not subject to the Quality and Outcomes Framework (QOF) monitoring reported on throughout this evidence table. For example, they also held a register for patients who had multiple sclerosis (MS).	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	8am - 6.30pm
Wednesday	8am - 6.30pm and 6.30pm – 9.00pm on a weekly rotation between the main and two branch sites.
Thursday	8am - 6.30pm
Friday	8am - 6.30pm
Appointments available: Clinical appointments were available with one of the clinical team which included GP's NP (nurse practitioner) PNs (practice nurses) and HCSW (Health care support workers).	
Monday	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am - 6.30pm
Friday	8.30am - 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16935	256	112	43.8%	0.66%

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)	99.2%	96.4%	94.8%	Variation (positive)

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice employed a Community Practice Nurse who worked in the community and carried out checks for housebound patients</li> <li>The practice was part of a local network scheme which involved Advanced Nurse Practitioners visiting all the local care homes once or twice a week to review any patients the staff there were concerned about.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>Patients with long-term conditions were supported with annual reviews and medication reviews following their annual review.</li> </ul>

## **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.
- The practice offered maternal post-natal eight-week baby checks, which could be booked for the same time.
- The practice offered coil and implant clinics, family planning and gynaecology advice.
- Breast feeding and nappy changing facilities were available at all three sites.

## **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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of the Lichfield and Burntwood locality practices group. These appointments were available to pre-book by contacting the surgery during their normal opening hours. Appointments were also available Saturday and Sunday mornings.

**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 their patients to these accordingly.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: The practice encouraged patients to telephone in the morning if they required a home visit. The urgent care team at the surgery would see patients who could get to the surgery the same day.	

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)	75.2%	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)	62.5%	64.4%	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)	60.0%	61.6%	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)	68.3%	70.5%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	Eleven of the twelve comments on NHS Choices were 12 months old and identified difficulties in obtaining appointments. This was in the period immediately after the practice had merged. During the last 12 months the practice has increased the number of telephone lines on all sites. The practice had reviewed its



	appointment system and implemented the urgent care system in response to feedback received. There were no current negative comments in relation to access at the practice.
CQC comment cards	Three of the eleven comment cards received reported that there was an occasional issue getting an appointment with the clinician the patient preferred to see.
Nursing and care homes	Representatives from the seven homes we spoke with told us that they received same day visits when they required them; and that they had no difficulty in being able to advice or support from the practice when required.
Patient Participation Group (PPG)	The representatives from the patient participation group we spoke with were positive about the improvements the practice had made to the appointment system.

## 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.	71
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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
<p>Explanation of any answers and additional evidence: Complaints were treated as an opportunity to learn and were usually linked to the significant event process when required. We found one complaint that was also an SEA that had not been linked we discussed this with the practice who told us that they were in the process of improving their complaints process and would address linking the SEAs with that development.</p> <p>The practice had identified some frequent complaints that were vexatious in nature and had developed a vexatious complaint policy to support staff in dealing with this type of complaint.</p> <p>The practice had identified further improvements to the complaints process for themselves. For example, including the information about the complaints ombudsman would be added at the end of the letter, and not sent with the response as an enclosure.</p>	

#### Example(s) of learning from complaints.

Complaint	Specific action taken
<p>A patient had requested repeat medicine using the online system. The system had sent the patient a rejection notification, but the practice had not telephoned the patient to explain that the medicine had gone to the chemist and that the rejection was an automatic trigger in response to the frequency of request. The patient had then tried to reorder on line again in response to the rejection notification. However, the first rejection logged on the system then automatically triggered rejected in response to further attempts made by the patient to re order their medication.</p>	<p>The practice reviewed its system and identified that initial rejections were sent by the system that was set on pre-determined repeat dates. When the patient tried to order in sufficient time to avoid running out of the medication the practice administrative staff had over ridden this and sent the prescription to the dispensing pharmacy. The practice adjusted their system so that if a rejection in response to request date was triggered that the staff ensured the patient could see this on the system, and that their prescription was at the pharmacy when the practice had overridden the rejection.</p>

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice explained the difficulties they had experienced after they had merged two practices into one. The leadership team were very open about the situation, steps they had taken to improve the problem and the outcome. This had led to some staff changes within the management team and the new practice manager had been in post just a month at the time of our inspection. However, the new team had identified where the practice systems and processes required improvement and had taken appropriate steps to plan for these changes. Some changes were already underway and both staff and patients we spoke with reported that the practice was now better than ever.	
Staff we spoke with told us about feeling supported and part of a team. We saw that systems and processes had been reviewed to support staff in their day to day roles and that support for development was offered.	

### 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: The new leadership team had involved the staff in the development of an acronym for the Darwin part of the Darwin Medical Practice. They had attributed goals attitudes and achievable goals to the letters of the word and worked their practice vision around the statements made.	

## 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: There were documented processes for managing staff and there was a strong emphasis on supporting staff.	

## 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: The practice had merged on the first of April 2017 and had refined the roles and responsibilities of individual members of staff following that process.	

## 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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence: Following the merger the practice had tried to retain and support all members of existing staff. The practice had evidence to demonstrate their supportive approach towards staff performance.</p> <p>The practice was committed to quality improvements and developed protocols in line with best practice which they audited for effectiveness.</p>	

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	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
<p>Explanation of any answers and additional evidence: Staff reported when information had appeared inaccurate as a significant event. For example, when they discovered that the numbers on the carers register did not match their expectations they had reported this as an event and investigated appropriately, identified the causative factors and remedied.</p> <p>The practice held formal reviews with the practice pharmacist and the physicians associate to support their clinical decisions. However, the practice had not formalised their reviews with the nurse practitioners. Nurse practitioners told us that they could go to the GPs for support and were actively included in all the learning events and meetings at the practice.</p>	

## Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice engaged with its stakeholders in a variety of ways. However, the practice did not respond to patient feedback on the NHS choices website.	

Feedback from Patient Participation Group.

Feedback
Representatives from the Patient Participation Group (PPG) met with the practice every month and told us that the practice had involved them in the development plans for the new build.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice proactively sought learning from all events, complaints and innovations. Staff were encouraged to share ideas and make suggestions. One member of staff had identified that no one in the practice held a health and safety qualification and that associated risk assessments required review. The practice had engaged an external consultant so that the practice could learn from the external expertise.	

## Examples of continuous learning and improvement

- One GP partner was involved in the development of a new medical school. The networking involved and the identification of opportunities for training and development supported the practices commitment to training and development.
- One Partner was a Professor of Values Based Healthcare Education at Worcester University and was a collaborating partner at the Centre for Values-Based Practice in Health and Social Care at St Catherine's College, University of Oxford.
- One partner was the Chair of the local Clinical Commissioning Group (CCG).
- One partner was a Local Medical Committee (LMC) representative.
- The practice worked in collaboration with other practices within their locality in Lichfield.

- The practice supported staff's professional development. We saw evidence of staff being supported in their career progression.
- The practice had two GP trainers, and supported registrars at the practice. Registrars are qualified doctors working towards a dedicated qualification in General Practice and family medicine.
- The practice was the host site for the Staffordshire Clinical Pharmacy Ambassador.

## 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.