Care Quality Commission

Inspection Evidence Table

Botley Medical Centre (1-544081039)

Inspection date: 26 March 2019 and 2 April 2019

Date of data download: 05 March 2019

Overall rating: Requires Improvement

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

Safe Rating:Requires improvement

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines for use in an emergency.
- The practice did not carry out all necessary pre-recruitment checks to ensure staff employed were fit and proper persons.
- The system used to respond to safety alerts was not operated consistently.

Safety systems and processes

The practice did not have 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.	N/A
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial

Safeguarding	Y/N/Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	Partial
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:

- The practice had a lead member of staff for safeguarding children and adults but a member of staff was unclear regarding who the practice safeguarding lead was.
- Policies were stored on the practice shared drive and a local system. However, there were inconsistent reviews of policies and some members of staff were unable to access the most recent version of the safeguarding policies.
- All members of staff had completed training in child safeguarding. Training records demonstrated that all GPs and most of the clinical team had been trained to the required level 3 in child safeguarding. The practice was able to demonstrate they were working towards achieving the appropriate level of child safeguarding training for all staff members in line with intercollegiate guidance (January 2019).
- Training records showed that one GP partner and one administrative staff member had not completed any training in adult safeguarding.
- Chaperone duties were carried out by all nurses and health care assistants at the practice. Staff we spoke with on the day understood their responsibilities when undertaking chaperone duties. However, one staff member had not completed chaperone training and we did not see evidence of a DBS check or risk assessment for one further member of staff who acted as a chaperone.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff had any necessary medical indemnity insurance.	Partial

Explanation of any answers and additional evidence:

- We viewed nine recruitment files for a variety of clinical and non-clinical staff members on the first day of inspection. Of these, no file had all the necessary background and recruitment checks. After the first inspection date, the practice sent a total of 13 emails containing further recruitment files available for staff members recruited since the previous inspection in February 2017. However, there was still a significant number of gaps in recruitment checks.
- Of the sample of 22 staff recruitment files, the practice did not make available satisfactory

evidence of conduct in previous employment, for example references, for 17 staff members. This included six staff members who had been subject to Transfer of Undertakings of Previous Employment (TUPE) arrangements.

- The practice did not provide evidence of identity checks for a GP and a Pharmacist.
- Three staff files identified gaps in employment history. There was no evidence of the practice identifying or seeking explanation of these gaps.
- A DBS check had not been completed for a practice nurse. The practice told us this had been applied for but did not provide any records to evidence this. The practice could not demonstrate that a risk assessment had been undertaken to assess the risk of this member of staff working alone with patients until the DBS clearance was obtained.
- The practice was unable to demonstrate they had checked and obtained evidence of professional registration for one GP.
- Staff immunisation status for three members of clinical staff was not made available and there was no record for a further member of clinical staff receiving all appropriate immunisations.
- Evidence of appropriate professional indemnity insurance was not found for two clinical staff to maintain professional indemnity until 31 March 2019. We noted that national indemnity insurance came into operation on 1 April 2019. Therefore, the practice could not be assured that the two members of staff were appropriately indemnified prior to 1 April 2019.

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: 13/09/2018	Yes
There was a record of equipment calibration. Date of last calibration: 13/09/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 11/07/2018	Yes
There was a log of fire drills. Date of last drill: 15/03/2019	Yes
There was a record of fire alarm checks. Date of last check: 15/03/2019	Yes
There was a record of fire training for staff. Date of last training: March 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 26/3/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: • There was a record of fire safety training. Most staff had undertaken the fire safety training online in March 2019 whilst other staff members had completed the fire safety training at different intervals. Training records identified that one member of administrative staff had not completed the fire safety training.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: undated	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: undated	Yes
Explanation of any answers and additional evidence: • A comprehensive risk assessment had been carried out, but the practice was unable to demonstrate the date this assessment had been completed on the day of inspection. Our observations of the practice premises corroborated that the risk assessment was relevant.	

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.	Partial
Date of last infection prevention and control audit: 14/03/2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: • The training log indicated that one non-clinical and two clinical staff members had not completed any infection control training appropriate to their role.	

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.	Partial
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment**.**	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: • The practice highlighted challenges with recruitment and retention of administration staff members and this was reiterated in staff feedback. The practice employs temporary staff members and locums where required. • Reception staff were able to demonstrate their ability to identify and respond appropriately to	

signs of an acutely unwell patient. This was seen on the day of inspection at both the main practice and the branch practice which resulted in a patient being seen urgently by a clinician.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.81	0.81	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	9.1%	10.7%	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	4.99	5.64	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.39	1.82	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.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes

Explanation of any answers and additional evidence:

- Our discussions with local pharmacies, care homes and a local boarding school where residents and boarders were registered with the practice identified concerns that prescriptions for patients, residents and students were not always produced in a timely manner. Due to concerns received from multiple sources, we decided to carry out an unannounced follow up inspection on 2 April 2019. The practice was aware of the concerns regarding prescription delays and had responded to such concerns by identifying a named member of staff to operate the repeat prescription process each day. The member of staff we spoke with was able to demonstrate how to use this system effectively and our review of the system identified that prescriptions produced in the last week had all been processed in a timely manner. We also saw a log of delayed prescriptions which identified the actions taken by the practice to learn from delays and ensured patients were not placed at risk by such delays. Despite a system being in place there remained evidence of delays and lost prescriptions which could result in patients not receiving their prescription in a timely manner.
- Our check of emergency medicines identified two recommended medicines were not stocked at the branch practice and two recommended medicines were not stocked at the main practice and the absence of these medicines had not been risk assessed at the time of inspection or within a 48 hour timeframe following inspection. In addition, a single glucagon medicine was found at the branch practice to have an expiry date of October 2018. The practice removed this medicine immediately.

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:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: • Staff were aware of how to record significant events through a local system and we saw evidence that learning was shared at monthly team meetings.	

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

Event	Specific action taken
Patient was prescribed a medication which the patient was allergic to. Family notified practice.	Alternative medication prescribed. Pharmacist to be contacted when any medication is altered and GPs were reminded to read the alerts.
Practice did not follow their process to maintain confidentiality of patient information	Practice protocols reinforced with staff to ensure that all letters are to be in marked envelopes with details of who is to collect the letter. All staff reminded to follow protocols. The practice gave an open and honest response to the patient affected.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: • The practice did not have a clear and consistent process for receiving and acting on safety alerts and some actions taken in response to alerts had not been documented. Since the inspection, the practice had updated their protocol on reviewing 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.54	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.
- The practice supported four care homes and allocated a named partner who visited residents on a weekly basis.
- 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: Requires improvement

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 atrial fibrillation were assessed for stroke risk and treated appropriately. • Practice performance in attaining targets for care and treatment of patients with long term conditions was below average. Some patients were not receiving the tests and treatments included in the targets. Whilst the practice had an action plan to improve outcomes for patients with diabetes there was no overall plan to improve outcomes for all patients with long term conditions. • The practice could not demonstrate why a significantly higher number of patients diagnosed with asthma had been removed from monitoring measures.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.1%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.7% (64)	13.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	58.0%	78.0%	77.7%	Variation (negative)
Exception rate (number of exceptions).	8.3% (55)	10.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	73.7%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.0% (66)	13.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	98.8%	76.9%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	40.3% (343)	5.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.1%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.7% (31)	11.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	73.9%	82.8%	82.6%	Variation (negative)
Exception rate (number of exceptions).	5.2% (117)	4.2%	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)	88.4%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.7% (28)	7.8%	6.7%	N/A

Any additional evidence or comments

- The practice had taken action following identification of a lower than average performance in supporting patients diagnosed with diabetes. The data for 2018/19 did not indicate any improvement on the published outcome data for 2017/18. They were able to evidence working with a local consultant diabetes specialist and formulating a two-year action plan to improve performance.

- The practice had recruited additional nursing support to free up time to undertake asthma reviews and had audited their performance to enhance effective prescribing for patients diagnosed with asthma. It was too early to evaluate whether these actions would result in an improvement in outcomes for this group of patients.

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)	120	127	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	129	140	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	129	140	92.1%	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)	131	140	93.6%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- There was a self-checking blood pressure machine within the practice.
- The practice offered welcome packs to students from Oxford Brookes University who registered with the practice. The pack included information on sexual health, mental health, healthy living and support available in the area.
- The practice's uptake for cervical screening was below local and national targets, including the 80% cervical screening coverage target. The practice has female sample takers available and would follow up with women who did not attend for their screening. The practice nurse would encourage women to attend for cervical screening and would provide support and guidance to women when they attended the practice. This included providing leaflets in other languages for

women who did not speak English as a first language.

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)	69.3%	71.1%	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)	70.9%	73.4%	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)	60.0%	57.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	64.5%	78.8%	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)	55.1%	59.9%	51.9%	No statistical variation

Any additional evidence or comments

The system for monitoring delays in two week wait referrals was clearly documented. We noted that out of sixty referrals over two months, one referral had been delayed without a documented reason. This was raised with the practice who were able to provide a reason for the delay and amended their spreadsheet to reflect this.

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 identified patients with a learning disability and offered annual health checks. The practice had undertaken 40% of health checks in the last 12 months. Easy to understand care plans and information was available.
- The practice was arranging training on autism awareness and how to make the practice more accessible for patients diagnosed with autism.
- The practice displayed photographs of the clinical staff members on the consultation and treatment room doors as well as clear, brightly coloured signs to support patients with visual impairments.

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.
- The practice has a mind worker who offers sessions two days a week to provide support to patients with a mental health diagnosis.
- 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.

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)	80.2%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	9.0%	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)	89.6%	89.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	8.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	71.1%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.6% (15)	4.9%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	522.2	549.8	537.5
Overall QOF exception reporting (all domains)	7.3%	5.6%	5.8%

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

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

The practice carried out a two-cycle audit for a high risk medicine. The first audit in 2018, identified that out of the 72 patients prescribed the high risk medicine, only 59 had attended for appropriate tests. The practice put a system in place to improve and a second audit in 2019 showed that 71 patients out of 76 had attended for relevant tests. The practice undertook a further audit for another high risk medicine which required an annual test. The audit identified that 2 patients out of 37 had not received the annual test and action had been taken by the practice to correct this.

Effective staffing

The practice was able 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.	No
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 practice was unable to demonstrate that health care assistants employed after 2015 had completed or were working towards achieving the care certificate.	

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

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 had been involved in health talks which involved delivering health promotion presentations to the community. For example, we noted that one presentation included information on healthy lifestyles and cancer screening.	

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%	95.0%	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) (QOF)				
Exception rate (number of exceptions).	0.6% (21)	0.7%	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: • Staff we spoke with had good knowledge of mental capacity to understand care and treatment and the requirements of seeking consent. We noted that consent was recorded using consent forms where appropriate. For example, for obtaining consent for joint injections. • We found that one GP Partner had not completed Mental Capacity Act training.	

Caring Rating:Requires improvement

We rated the practice as **requires improvement** for providing caring services because:

Patient feedback from the national survey and other sources was below average and the practice did not have a clear plan to address this feedback.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	9
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 comment cards	Patients feedback was positive about the treatment they received and reported that staff were caring and helpful. Overall patients were happy with the service but commented that getting an appointment could sometimes be difficult.
NHS Choices website	Feedback left on NHS choices website was mixed. Overall, the average rating was three stars out of five stars. At the time of our March 2019 inspection, there had been thirty-five NHS Choices ratings and thirty-three reviews. Out of the six ratings received this year, four were five-star ratings and reviews and two were one star. All reviews and ratings had been responded to by the practice.
Interviews with patients	We spoke with seven patients on the day and feedback was mixed. Several patient said they felt they had enough time in consultations, were given options about their care and treatment and felt the GPs and nurses offered guidance and encouraged healthy lifestyles. However, some patients commented that it was difficult to see a GP of their choice and they did not always feel involved in decisions.

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
15,702	264	117	44.3%	0.75%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	83.9%	91.1%	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)	80.4%	89.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.5%	96.8%	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)	73.7%	87.3%	83.8%	No statistical variation

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

Any additional evidence or comments
• The patient participation group (PPG) was formed in 2017 after the merger of two practices. Prior to 2017, patient surveys were carried out in conjunction with the practice and the PPG had a plan to work with the practice to conduct a further survey in either 2019 or 2020. • There was no clear action plan in place at the time of inspection to address below average patient feedback about how they were cared for during appointments and consultations. The below

average feedback was consistent in both the national patient survey and NHS choices.

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 practice was able to sign post patients for additional support to the mind worker or practice care navigator who worked across both sites. For example, arranging home care support. • Leaflets and information about community services were available in the waiting room.	

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)	84.5%	95.7%	93.5%	Variation (negative)

	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: • The practice could access translation services by telephone and face to face and staff members at the practice spoke a variety of languages. The practice told us they have had discussions in the team about introducing new name badges with pictures of flags on, to indicate to patients which languages each staff member spoke. • The practice did not have a plan to address the below average feedback from patients about involvement in decisions about their care.	

Carers	Narrative
Percentage and number of carers identified.	There were 305 carers on the practice carers register and this amounted to 1.9% of the practice population.
How the practice supported carers.	The practice identified carers during registration and at later points of contacts in clinical consultation. Carers are provided with information and guidance on where to access support, including access to carers courses, sharing experiences with other local carers, and personal support.
How the practice supported recently bereaved patients.	The practice told us that if a patient had suffered bereavement, contact would be made with them by letter to offer them support.

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

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: • All services were provided from rooms on the ground floor and we saw that the entrance, reception area, waiting area and treatment and consultant rooms were able to accommodate patients with wheelchairs and prams. It was noted that the branch practice did not have an automatic entrance door.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7am – 7.30pm (Extended hours between 7am and 8am and between 6.30pm and 7.30pm)
Tuesday	7.30am – 6.30pm (Extended hours between 7.30am and 8am)
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm (Extended hours between 7am and 8am and between 6.30pm and 8pm)
Friday	8am – 6.30pm

Any additional evidence or comments

Patients at the practice could book appointment up to six weeks in advance and urgent appointments were available on the day. The practice also provides out of hours appointments between 6.30pm and 8.30pm on all days of the week, including the weekend in collaboration with OxFed at different locations. Appointments at Botley were available on occasional Sundays.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,702	264	117	44.3%	0.75%

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)	91.7%	95.4%	94.8%	No statistical variation

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Practice nursing staff undertake visits to assess patients who have difficulties attending the practice but are not classified as housebound.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- Appointment were available outside of school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high

number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a variety of early morning and early evening appointments on Mondays, Tuesdays and Thursdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

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. This includes offering double appointments where appropriate.
- A member of staff has been appointed as a loneliness champion. This member of staff makes contact with patients identified as at risk of isolation to assist them in accessing social support. This enabled the practice to review the outcome of providing additional support.

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

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)	64.6%	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)	51.9%	75.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	54.0%	69.7%	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)	66.3%	80.3%	74.4%	No statistical variation

Any additional evidence or comments
The practice response to the national patient survey was to appoint an additional GP partner, clinical pharmacist and a practice nurse to make more time available for patient consultations.

Source	Feedback
Patient feedback and NHS Choices	Patients provided mixed feedback about access. Patients commented that they were able to book appointments when they needed and felt they had enough time in consultations. However, some patients advised that it was difficult to get an appointment with a GP of their choice and was sometimes difficult to get a routine appointment. This was aligned NHS choices website, which had mixed reviews about access.

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.	14
Number of complaints we examined.	14
Number of complaints we examined that were satisfactorily handled in a timely way.	Partial
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Explanation of any answers and additional evidence:

- The practice received 14 complaints in the last year but one of these complaints had not been recorded in the practice complaints' review. This was highlighted to the practice manager who was able to demonstrate that this complaint had been received and responded to in an appropriate and timely manner.

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was advised by hospital to request immediate blood test by GP practice which the practice was unable to arrange that day.	Patient offered a variety of options. Practice wrote to hospital to ask they do not advise patients to attend GP practice for immediate blood tests as the patient should have been advised to have this at hospital.
Patient complained about receiving results by telephone whilst at work.	Although the registration form asks if it is ok for the practice to contact patients by telephone, staff should ask if patients are free to talk when they call.

Well-led Rating: Requires Improvement

We rated the practice as **requires improvement** for providing well-led services because:

- The management of records, procedures and policies required for the day-to-day management of the service was disorganised. Such documentation could not always be found easily.
- Systems to identify, assess and manage risk were not operated effectively.
- Governance processes in place did not always support the clinical delivery of high quality and sustainable care and treatment.

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to consistently deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
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: • Clinical challenges were identified and addressed. For example, there was a plan in place to improve care for patients diagnosed with diabetes. • Non-clinical leadership was inconsistent in operation of systems and processes to support clinical care. For example, the practice did not have all documentation in relation to recruitment of staff available and could therefore not evidence that staff were fit and proper to carry out their duties.	

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	Yes

them.	
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: • Clinical leaders had identified areas of clinical care that could be improved and were able to demonstrate plans to achieve these improvements. For example, clinical audits were driving improvement in care.	

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: • Staff we spoke to on the day had a good understanding of whistleblowing and how to raise concerns. The practice has a reciprocal agreement with a different GP practice to allow staff to raise concerns and access support from an external practice manager.	

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

Source	Feedback
Staff feedback	Staff feedback was mostly positive. Staff stated they felt the management team were approachable, honest and supportive of them. Some staff highlighted that employing more non-clinical staff may help to further support patients and manage busy workloads but overall, staff enjoy their job and working within the whole practice team.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
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 did not have clear systems in place to ensure appropriate review and oversight of policies and procedures. For example, the practice demonstrated a disordered approach to storage of policies and procedures which were stored in two different places. However, this had been unclear to staff and a member of staff used an external website to access the policies they may need to carry out their roles and responsibilities.

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.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

- The practice could not demonstrate that their training matrix was up to date. Following inspection, the practice provided further evidence of additional training having been undertaken. However, the gaps remaining identified that one GP partner had not yet completed four necessary training modules and a further four members of staff had not completed all the necessary training.
- The process to review and act upon safety alerts was managed inconsistently and the practice had not identified this.
- The system in place to comply with safe recruitment of staff was not operated effectively. The practice could not make available evidence that all required recruitment checks had been carried out.
- The practice system for monitoring the availability of medicines needed to deal with an emergency had not identified that some of these medicines were not held in stock.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	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.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

- Information held at the practice to manage performance was disorganised and uncoordinated. For example, some information on action taken in response to safety alerts was held by GPs and some by general management. It was unclear whether all safety alerts had been responded to.
- There were two policies that had no clear date of review and the practice could not be assured they were current and relevant.
- Staff were not clear where all policies and procedures were held. Staff we spoke with looked for information from different sources and could not be sure the information found was current and relevant.

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 was able to demonstrate learning from feedback and used this to drive improvements within the practice. For example, upgrading the telephone system to ease access and identifying a named person to operate the repeat prescription process.
- The Oxfordshire Clinical Commissioning Group (CCG) reported collaborative working with the practice and that the practice demonstrated a commitment to improve.

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the Patient Participation Group (PPG). We were given examples of the PPG working with the practice to support the merger with Kennington Health Centre (now the branch surgery). This included speaking with patients who were concerned about the change in the way services were provided at the branch surgery. The PPG group had worked hard to combine the previous two PPG groups into one. The PPGs' action plan, included aiming to improve physical access and confidentiality at Kennington. The PPG role had worked with the practice to respond to negative feedback (repeat prescriptions, access to appointments with GP of choice, letter/referral delays). The practice and PPG used parish magazines to pass information about the service and changes to the local population. There was a plan to carry out a patient survey within the next two years.

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

Examples of continuous learning and improvement
• Staff had learning plans in place and were encouraged to develop within their role. This included staff being involved in clinical research studies such as blood pressure monitoring and sleep studies focusing on insomnia and sleep hygiene. • Clinicians were working with local consultants to learn more about, and improve, care for patients with long term conditions. For example, those diagnosed with diabetes.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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