

Care Quality Commission

Inspection Evidence Table

Longfleet House Surgery (1-592541459)

Inspection date: 30 January 2019

Date of data download: 28 January 2019

Overall rating: Requires improvement

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

Safe

Rating: Requires improvement

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse, but these were not consistently implemented.

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:	

Safeguarding	Y/N/Partial
The practice had safeguarding information leaflets; the information was aimed at healthcare professionals and may not have been relevant for patient need. The same information was also on the practice's website.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	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: We looked at three staff files; two of the files related to permanent employees; and one file related to a locum member of staff. We found that all required information was available, apart from evidence of satisfactory conduct in previous employment for one of the permanent members of staff.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes May 2018
There was a record of equipment calibration. Date of last calibration:	Yes September 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes August 2018
There was a log of fire drills. Date of last drill:	Yes 11/18
There was a record of fire alarm checks. Date of last check:	Yes August 2018
There was a record of fire training for staff. Date of last training:	Yes Ongoing practice interval every two years
There were fire marshals.	Yes

A fire risk assessment had been completed. Date of completion:	Yes November 2018
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Blood glucose monitoring machines were last recorded as having control testing carried out in May 2018. Practice policy and best practice guidance recommends at least quarterly testing. The practice were signed up to the clinical commissioning groups system for testing with control liquids, to ensure reading were accurate. There were no records available to demonstrate that weekly testing of fire alarms had been carried out. We received information after the inspection which indicated that a fixed electrical wiring check had been undertaken on 15 February 2019 and the check was satisfactory, with a recommendation to replace the consumer unit in the future, no timescale was given for this recommendation. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Partial Check lists only kept by practice.
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Partial Check lists only kept by practice.
Explanation of any answers and additional evidence: <p>At our inspection in May 2018 we found there were no records of overarching premises and health and safety risk assessments being carried out. However, there were specific risk assessments in place for example: fire safety and waste management. Following this inspection, the provider sent us a health and safety checklist of the premises undertaken in April 2018.</p> <p>At this inspection in January 2019 we found that there were still no overarching health and safety risk assessments. However, shortfalls identified at our previous inspection had been addressed:</p> <ul style="list-style-type: none"> We were provided with documentation after the inspection which showed that a gas safety check had been carried out in February 2019. 	

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:</p> <p>At our inspection in May 2018 we found the infection control audit had been undertaken in April 2018 and the practice were developing an action plan to address shortfalls. The overall score was above 90%, which is acceptable in accordance with relevant guidance. At this recent audit they had noted that information in the audit carried out the previous year was not accurate. The previous year's report stated that there was oversight of the work the contracted cleaners carried out, which included regular audits. An action plan relating to the audit in 2017 had not been developed. None of these audits had been completed at the time of the inspection.</p> <p>At this inspection we found that:</p> <ul style="list-style-type: none"> • Recommendations from the infection control audit had been actioned. These related to provision of wall mounted aprons and gloves dispensers in clinical rooms and provision of Control of Substances Hazardous to Health sheets for chemical used. • There was oversight and auditing of cleaners' work and records were maintained. We saw the practice was visibly clean and tidy. • There were shortfalls in Legionella management. We found that water temperatures and bacteria analysis had been carried out. However, the practice could not fully demonstrate that all risks had been minimised as far as possible. Records related to weekly flushing through of little used outlets were incomplete. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in May 2018 we found that there was no safety netting for results and correspondence for GPs. GPs told us that results and correspondence received via their computer system were not actioned whilst they were on annual leave or away from the practice.</p> <p>At this inspection in January 2019 we found that these shortfalls had been addressed and results and correspondence were managed in a timely way. On the day of our inspection visit there were no outstanding results which required attention; referrals had been made as required; and there were no outstanding workflow items which needed attention.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, but these were not fully effective.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.08	0.93	0.94	Significant Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected	6.3%	8.0%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>				

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.	n/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial
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
Explanation of any answers and additional evidence: At our inspection in May 2018 shortfalls we found included: <ul style="list-style-type: none"> Not all staff were able to attend meetings however staff had access to information on the practice's shared drive regarding learning points and actions required. Emergency medicines and equipment were easily accessible to staff and were checked daily to 	

Medicines management	Y/N/Partial
make sure they were in date and safe to use. They were held in a secure area and were tamper proof. Some additional medicines were available that were unlikely to be used in the practice and staff could not explain why they were being kept. The cupboard was large enough to keep them and they were waiting for them to go out of date. No risk assessment had been done to determine what emergency medicines should be kept.	
At this inspection we found that these areas had been addressed and staff were able to attend meetings; and appropriate emergency medicines were kept and were in date.	
The practice were still prescribing higher than local and national averages of antibacterial medicines, but this had reduced from a figure of 1.7 at the time of our previous inspection. Limited action had been put into place to reduce this.	

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 since previous inspection:	3
Number of events that required action:	3

Event	Specific action taken
Care home requested flu vaccines for patients. The correct number was given to them and the practice requested signed consent forms for patient records. The care home produced consents signed by the nurse for each patient on paperwork that referred to New Zealand government procedures. Patients were potentially given Flu vaccines that their powers of attorney had not agreed to.	<ul style="list-style-type: none"> This was discussed at a clinical meeting and the care home was informed of the incident. A meeting was held with the care home to agree a safe protocol. A report was prepared for the clinical commission group.
A patient was in the process of being removed from the practice list at their own request. They asked to see their post-dated prescriptions, as they were on a medicine that was prescribed on a weekly basis. A receptionist was assisting the patient, when the patient snatched the	<ul style="list-style-type: none"> The incident was discussed at a clinical meeting and recorded as a significant event. The practice concluded that although they were trying to assist the patient by providing post-dated prescriptions, this should not happen. The procedure was changed to reflect this. All staff were advised not to put themselves in danger.

prescriptions and ran out of the building. A member of staff went out to try and prevent the patient from leaving in a car.	<ul style="list-style-type: none"> NHS England, local pharmacies and the police were informed.
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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

Effective

Rating: Requires improvement

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. However, further improvement was needed in monitoring health outcomes for patients.

	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)	1.08	0.80	0.81	No statistical variation

Older people

Population group rating: Inadequate

Findings

The provider is rated as requires improvement for effective overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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: Requires improvement

Findings

This population group was rated as inadequate due to no sustained improvement in monitoring outcomes for patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.

However, there were areas of good practice:

- 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 (a medicine for cardiovascular disease).
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	69.1%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.7% (22)	19.9%	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)	52.2%	78.6%	77.7%	Significant Variation (negative)
Exception rate (number of exceptions).	8.4% (19)	13.5%	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>	70.6%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.2% (32)	18.2%	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>	69.9%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (10)	12.7%	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>	73.8%	91.2%	89.7%	Variation (negative)
Exception rate (number of exceptions).	7.7% (7)	16.6%	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) <small>(QOF)</small>	73.6%	82.8%	82.6%	Variation (negative)
Exception rate (number of exceptions).	2.6% (16)	5.2%	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) <small>(QOF)</small>	75.9%	89.6%	90.0%	Variation (negative)

Exception rate (number of exceptions).	5.4% (5)	7.6%	6.7%	N/A
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Any additional evidence or comments

Quality and outcomes framework (QOF) and exception reporting figures were starting to improve when compared with information available at our previous inspection in May 2018, but this was not consistent. For example:

- 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, was 70.6%, compared with 70.3% at our previous inspection. Exception reporting had reduced from 15% (37 patients) to 14.2% (32 patients) for this indicator.
- 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 was 69.1%, compared with 66.8% at our previous inspection. Exception reporting was 9.7% (22 patients), compared with 6.7% (17 patients) for this indicator. (HbA1c is a blood test which measures a patient's blood sugar levels over a period of time, to monitor blood sugar control.)

Families, children and young people

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for effective overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- Childhood immunisation uptake rates were in line or above 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 or were signposted to other services in the community.

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)	27	27	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation	29	30	96.7%	Met 95% WHO based target (significant variation positive)

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				variation positive)
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)	29	30	96.7%	Met 95% WHO based target (significant variation positive)
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)	29	30	96.7%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for effective overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- The practice had systems to inform eligible patients when to have the meningitis vaccine. For example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	64.0%	74.5%	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)	77.6%	75.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	62.3%	62.4%	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	56.0%	62.6%	70.3%	N/A

diagnosis. (01/04/2017 to 31/03/2018) (PHE)				
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)	40.0%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

The figure for cervical screening uptake had decrease since our previous inspection. The practice did not have practice nurses or GPs who were able to carry out screening. However, we were informed a waiting list was in place and they had manage to arrange for patients to attend another practice for this screening if the patient was able to travel.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for effective overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for effective overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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 review of administration of long-term medicines.
- 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 clinical 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)	100.0%	92.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	13.2% (5)	16.7%	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)	100.0%	90.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.3% (2)	16.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	74.6%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (1)	6.8%	6.6%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	510.6	548.8	537.5
Overall QOF exception reporting (all domains)	5.9%	7.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a 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

A two-cycle clinical audit had been undertaken on undiagnosed diabetes.

The first cycle was carried out in July 2017.

A search of patients' records showed a total of 32 patients were likely to have a diagnosis of diabetes; seven patients were prescribed medicines for diabetes, but their records had not been coded; and eight patients had results which had not been reviewed. One patient had been coded in error and 16 patients had been coded as having gestational diabetes.

Actions taken included a review by a GP of the number and type of blood tests which had not been completed. Patients who had been identified as being at risk of developing diabetes were contacted by the practice and further tests undertaken.

The second cycle of the audit was carried out in January 2018.

Results showed that of the eight patients who had been identified in the first cycle all had been invited for a review. Of these one patient declined to attend; three patient required further investigation; four patient who had been reviewed blood test results had normalised. The second cycle also identified six patients who potentially were diabetic.

This audit was discussed at a clinical meeting and incorporated into an annual audit programme.

Any additional evidence or comments

The practice had taken steps to monitor QOF indicators and ensure patients were only excepted when clinically necessary or when the patient had declined to have the review or test done. The overall trend for QOF indicators was a slow improvement and for exception figures a gradual decline.

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.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	n/a

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in May 2018 annual appraisals had not been carried out for all staff.</p> <ul style="list-style-type: none"> The practice used eLearning and sessions provided by the Local Medical Committee to meet training needs. Nursing staff reported that they would find appropriate external training, but would have to fund these themselves. We were told of occasions in recent months when staff had been asked to act outside of their competencies. Staff reported being asked to carry out tasks they were not competent to complete within the scope of their professional practice. There was evidence of not all staff having received mandatory training in the time scales set out in the practice's policies. Succession planning was not fully planned for and the practice was unable to demonstrate how ongoing work would be continued. <p>At this inspection in January 2019 we found:</p> <ul style="list-style-type: none"> All training deemed necessary by the practice had been completed, apart from one member of staff who required infection control and basic life support training; one member of staff who requires infection control training; and one member of staff who required basic life support training. We saw that this had been planned for. The locum practice nurse works two days a week and was able to carry out wound dressings, blood tests, BPs checks and aspects of long term condition reviews. They were not able to carry out cervical screening, but arrangements were in place for patients to attend a sister practice if needed. Reception staff said at present there was a waiting list for cervical screening, but did not give a figure. They were aware of the work that the locum nurse could undertake. 	

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 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	Yes

developing a long-term condition and carers.	
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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.0%	94.5%	95.1%	Variation (negative)
Exception rate (number of exceptions).	0.8% (8)	1.1%	0.8%	N/A

Any additional evidence or comments
The practice had placed alerts on patient records, so when they attended the practice this area could be discussed and recorded.

Consent to care and treatment

The practice was able to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Requires improvement

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	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

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
3549	253	96	37.9%	2.70%

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)	82.7%	91.6%	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)	77.6%	90.7%	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)	85.2%	96.9%	95.6%	Variation (negative)
The percentage of respondents to the GP	62.9%	89.1%	83.8%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)				

Any additional evidence or comments

The practice were in the process of reviving the patient participation group and had had an initial meeting to discuss how to improve these figures.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence

The practice did not carry out their own patient surveys at the time of inspection, due to staffing issues.

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.4%	95.5%	93.5%	No statistical variation

Any additional evidence or comments

We were unable to speak with patients on the day of inspection. Information on NHS Choices was mixed about the service provided and comments made had not been responded to. We observed staff to be polite and courteous to patients who were attending for appointments and provide assistance when needed.

	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.	On request
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	A total of 80 patients had been identified as carers. This represented 2% of the practice population.
How the practice supported carers.	Contact details for carers were recorded in care plans and carers were invited to patient reviews, with the patient's consent. Carers were provided with an information pack and referred to local dedicated carers' services.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement it was noted on the relevant patient notes and the information was passed to the relevant organisations on behalf of the family involved. The practice was able to signpost to the relevant support and counselling services.

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.	No
There were arrangements to ensure confidentiality at the reception desk.	Partial
Explanation of any answers and additional evidence: Conversations could be overheard in the waiting area, but staff would speak quietly to reduce the risk of being overheard. The practice did not have sufficient space to provide a dedicated private room, but could arrange for a vacant consulting room to be used if it was available.	

Responsive

Rating: Requires improvement

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.	Partial
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: GPs who worked at the practice aimed to provide flexibility and continuity of care. The practice did not have a permanent practice nurse, which had reduced the range of services offered, for example, cervical screening could not be offered at the practice.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm
Appointments available:	
Monday to Friday appointments are available between the following times	8:30am - 12pm and 2:30pm - 6pm
Extended hours opening	Monday evenings until 7.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3549	253	96	37.9%	2.70%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	89.3%	96.0%	94.8%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				

Any additional evidence or comments

- We found that the next routine appointment available was on 5 February 2019. There was also an urgent appointment available on the afternoon of the inspection.
- A full range of extended services were not able to be offered by the practice due to a lack of a permanent practice nurse and the healthcare assistant leaving. However, routine care was provided appropriately and the GPs aimed to provide continuity of care.
- The practice offered 16 clinical sessions with GPs each week.

Older people

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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.

People with long-term conditions

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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: Requires improvement

Findings

The provider is rated as requires improvement for responsive overall. The issues identified as requiring improvement overall affected all patients including this population group.

However, there were areas of good practice:

- 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 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had carried out a home visit audit in response to concerns received. The audit covered the period of December 2017 to January 2018 and a review audit was carried out in December 2018. This second audit followed the introduction of 30 minutes triage time being allocated to the duty GP to review requested for visits.</p> <p>During December 2017, a total of 87 visits were completed and in January 2018, a total of 98 visits were completed. Themes identified for this period included requests for assessment of infection, particularly by care homes that the practice provided a service to. Meetings were held with the care homes to share best practice on identifying infections and a sepsis document was shared with them as well. The review audit figures showed that in November 2018, a total of 42 home visits were carried out; three requested visits were triaged to a different outcome and five deferred to an alternative day, without impacting on patient care.</p> <p>In December 2018, a total of 38 homes visits were completed; 10 were triaged to an alternative outcome and five deferred to an alternative day without impacting on patient care.</p>	

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)	63.1%	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)	57.2%	78.2%	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)	59.8%	72.5%	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)	72.8%	80.8%	74.4%	No statistical variation

Any additional evidence or comments
Appointments were under review each day and patients would always be seen if their need was urgent.

Source	Feedback
NHS Choices	Feedback left was mixed related to getting an appointment. One patient had written about the difficulty to get a nurse appointment, however, another patient commended the practice on arranging a GP appointment within 40 minutes.

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.	4 complaints received since our previous inspection in May 2018.
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint received from patient regarding delay in diagnosis	In depth investigation carried out by practice. Patient had a rare form of cancer, all clinical tests and investigations had been carried out by the practice and normal results returned. Referrals were made to secondary care where needed. Learning from the complaint included where X rays were reported as being normal and there is any suggestion that a patient's symptoms being related to cancer diagnosis, then the patient will be referred for further investigations.

Well-led

Rating: Inadequate

Leadership capacity and capability

Leaders could not fully 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.	Partial
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We were told that the registered manager visited the practice once a week on Mondays, mainly to concentrate on administration work for the practice and attended multidisciplinary meetings and practice meetings. The registered manager also undertook clinical supervision of salaried GPs.The practice manager was responsible for two other sites, as well as Longfleet House Surgery and spent on average one and a half days a week at Longfleet House Surgery. When they were not at the practice they and the registered manager were contactable by telephone. We saw relevant contact numbers were available in staff areas.The practice were reviewing how they would develop in the future, which included succession planning and leadership of development.	

Vision and strategy

The practice had a vision and strategy to provide high quality sustainable care, but this was not embedded in the everyday running of the practice.

	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.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: The practice manager told us that there was a business plan in place which was reviewed and updated as required. This covered areas such as team development, governance, quality and outcomes framework (QOF), recruitment and training.	

Culture

The practice aimed to have 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 an 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

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

Source	Feedback
Salaried GPs	The GPs reported that they no longer worked until 9pm most evenings, as had been the situation at our previous inspections. They considered that there were adequate numbers of staff available to meet patients' needs.

Governance arrangements

There were responsibilities, roles and systems of accountability but these were ineffective in supporting good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had experienced staff leaving and had not been able to recruit into these roles, partly due to national shortages of skilled staff. This had impacted on the number of management hours that the practice manager was able to provide to the service. The registered manager was also responsible for other GP practices and therefore had other responsibilities in addition to overseeing Longfleet House Surgery.• There were shortfalls in reviewing policies and procedures to ensure information was accurate and relevant, for example the business continuity plan.• There were a range of meetings in place related to governance of the practice. These included senior management team meetings; locality meetings and all practice meetings.• Staff reported that they had clear roles and responsibilities. However, due to staff leaving there were no permanent nursing staff or health care assistants employed by the practice. There was a locum practice nurse who worked on a three-monthly rolling contract at the practice and worked two days per week. The deputy practice manager had left at the end of December 2018 and some support was being provided by a practice manager from IMH, the company which supported the practice.	

- One of the salaried GPs said they were responsible for monitoring medicines reviews; audits; prescribing data and QOF results.
- A member of the administration team was responsible for handling safeguarding documentation and ensuring that relevant information was sent to external agencies as needed and patients' records were appropriately coded.
- The practice used workflow optimisation to manage information received. Staff reported that they had clear protocols to follow and this had assisted with making sure that letters and other correspondence was handled in a timely way; and urgent correspondence was dealt with on the day by a GP when needed.
- When locum GPs were used, the practice had developed clear protocols for the tasks they were expected to undertake, which included dealing with prescription requests and blood test results.

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 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.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The business continuity plan was last reviewed in March 2018, but had not been reviewed to take account of staff leaving the practice. • There had been limited improvement in Quality and Outcomes framework achievements, but this was mixed. Areas that improved included monitoring of diabetes care; however, achievement for long term conditions had reduced. • Shortfalls identified at our previous inspection regarding health and safety had been addressed, but we identified new shortfalls in health and safety systems, for example ineffective Legionella risk management and fire safety. 	

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 arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice did not fully involve 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.	Partial
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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff said that they were aware of the challenges within primary care and those specific to the practice, particularly around recruitment. They said they were kept informed of potential plans for the practice and were involved in contributing to how the practice was run. Minutes of meeting confirmed this. The practice had not carried out any patient surveys in response to low national GP survey results and negative comments on NHS Choices. 	

Feedback from Patient Participation Group.

Feedback
A PPG meeting was held in December 2018 to plan for the year ahead and reinvigorate the group. The plan was to contact all members of the virtual group and invite them to a meeting in February 2019 to discuss how best to work with the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
Work was in progress with other practices in the local area to provide joined up working and shared services. However, these plans were at an early stage and no definitive decision had been made on how the practice would develop in the future.

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.