

# Care Quality Commission

## Inspection Evidence Table

### Sidney House Surgery (1-2820701716)

Inspection date: 26<sup>th</sup> February 2019

Date of data download: 11 February 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	YES
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
There were policies covering adult and child safeguarding.	YES
Policies took account of patients accessing any online services.	YES
Policies and procedures were monitored, reviewed and updated.	YES
Policies were accessible to all staff.	YES
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	YES
There was active and appropriate engagement in local safeguarding processes.	YES
There were systems to identify vulnerable patients on record.	YES
There was a risk register of specific patients.	YES
Disclosure and Barring Service (DBS) checks were undertaken where required.	YES
Staff who acted as chaperones were trained for their role.	YES
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	YES
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>Vulnerable patients were identified on their computer system so clinicians were made aware of</li></ul>	

Safeguarding	Y/N/Partial
<p>these patients when accessing their records.</p> <ul style="list-style-type: none"> <li>• The practice worked closely with community services including health visitors and community midwives to support and protect adults and children at risk.</li> <li>• The practice held all policies on their shared drive so all staff could access these at any time.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	YES
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	YES
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	YES
Staff had any necessary medical indemnity insurance.	YES

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: December 2018</p>	YES
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: March 2018</p>	YES
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	YES
<p>There was a fire procedure.</p>	YES
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: Feb 2019</p>	YES
<p>There was a log of fire drills.</p> <p>Date of last drill: Feb 2019</p>	YES
<p>There was a record of fire alarm checks.</p> <p>Date of last check: Carried out weekly</p>	YES
<p>There was a record of fire training for staff.</p> <p>Date of last training: Between 7<sup>th</sup> March 2017 – 30<sup>th</sup> November 2018</p>	YES
<p>There were fire marshals.</p>	YES
<p>A fire risk assessment had been completed.</p> <p>Date of completion: October 2018</p>	YES
<p>Actions from fire risk assessment were identified and completed.</p>	PARTIAL
<p>Explanation of any answers and additional evidence:</p>	

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- Actions identified from the fire risk assessment were currently in progress. This included the replacement of fire signs that needed updating due to fading on the current ones. The practice told us that new ones had been ordered however when they arrived they were printed on the wrong material and therefore unsuitable. On the day of the inspection the practice was still waiting for the new signs to arrive.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: September 2018	YES
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Actions identified on the health and safety risk assessment included having automatic doors in reception to make access onto the premises easier for wheelchair users and a quotation for this had been sought.</li> <li>• Fire drills were carried out every six months. All new staff members were shown where the fire extinguishers were and the evacuation point on their first day.</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	YES
Staff had received effective training on infection prevention and control.	YES
Date of last infection prevention and control audit:	14/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	YES
The arrangements for managing waste and clinical specimens kept people safe.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a safe system for the handling of clinical specimens that reduced the risk of infection for staff working at the practice. Actions identified on the infection control audit included the need for foot pedal bins for paper towel waste. This action was currently in progress.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	YES
There was an effective induction system for temporary staff tailored to their role.	YES
Comprehensive risk assessments were carried out for patients.	YES
Risk management plans for patients were developed in line with national guidance.	YES
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	YES
Clinicians knew how to identify and manage patients with severe infections including sepsis.	YES
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	YES
There was a process in the practice for urgent clinical review of such patients.	YES
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	YES
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	YES
When there were changes to services or staff the practice assessed and monitored the impact on safety.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Reception staff had been given inhouse guidance and were able to recognise acutely unwell</li> </ul>	

patients and those who were deteriorating, and a clinician was alerted immediately.

- The practice used the GP Sepsis screening and action tool for any patients with potential sepsis.
- Staff were aware of how to use the panic alarms via their computer system.
- Pulse oximeters for children and adults with suspected sepsis were available to clinical staff.

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	YES
There was a system for processing information relating to new patients including the summarising of new patient notes.	YES
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	YES
Referral letters contained specific information to allow appropriate and timely referrals.	YES
Referrals to specialist services were documented.	YES
There was a system to monitor delays in referrals.	YES
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Referrals were carried out by dedicated members of the administration team with systems in place to monitor delays in referrals.</li><li>• Test results were effectively managed by GPs at the practice.</li></ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.80	1.04	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)	11.4%	10.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	4.59	5.69	5.64	Variation (positive)
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)	2.39	2.00	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES
Blank prescriptions were kept securely and their use monitored in line with national guidance.	YES
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	YES
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	YES
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	YES
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	YES
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	YES
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	YES
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	YES
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	YES
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	YES
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had a Cold Chain policy in place and fridge temperatures were monitored appropriately. A recent significant event involving discrepancies with the read outs of the temperatures from the thermometer and the backup thermometer from the fridge containing vaccines showed that the practice took the appropriate steps and contacted the manufacturer for advice. The practice had two vaccine fridges, one which was a new purchase as a result of the temperature discrepancies.</li> <li>The practice had a system in place that prevented further repeat prescriptions being issued (unless authorised by a GP) without a review from a GP or pharmacist.</li> </ul>	



Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	YES
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	YES
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	YES
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	YES
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	YES
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	YES
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	YES
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	NA
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	YES
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	NO
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	YES
<ul style="list-style-type: none"> <li>• The clinical pharmacist at the practice dealt with any drug safety alerts and carried out the relevant searches to identify patients who may be at risk. The practice used the eclipse system that identified any patients affected by the alert.</li> <li>• The dispensary kept a diary at reception to log complaints. These complaints were discussed and learning from these was shared at dispensary meetings which were held quarterly.</li> <li>• The dispensary did not have information available in accessible formats such as large print and braille.</li> <li>• The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.</li> <li>• There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development</li> <li>• Records showed that all members of staff involved in the dispensing process were appropriately qualified.</li> <li>• Staff had completed a dispensary audit which checked if patients on warfarin required further</li> </ul>	

support or information.

- Dispensary staff undertook medicine use reviews with patients and an example was given where this review had improved a patient's concordance with their therapy.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken. The practice clinical pharmacist reviewed and took action where appropriate.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- There was a process in place to ensure the timely actioning of letters from secondary care by staff competent to do so. Medicines were generally altered by the practice clinical pharmacist, who reviewed all patient discharge information.

**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:	7
Number of events that required action:	7

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

Event	Specific action taken
Wrong patient given online access	Discussed at practice meeting. Staff reminded that they should only have one patient record open at one time. Systmone was also contacted to make them aware of potential risks allowing more than one patient record open at a time.
Vaccines Fridge had discrepancies between the read outs of the thermometer and the backup thermometer.	Manufacturer of vaccines was contacted who advised discarding the flu vaccines which the practice did. A new fridge was also purchased.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	YES
Staff understood how to deal with alerts.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice manager received safety alerts via email and these were sent out to the audit clerk to be cascaded to all staff. Other staff members also received the initial alert so in the event of the practice manager being off work, these were still dealt with accordingly. Searches were then carried out to ensure patients received safe care and treatment.</li> </ul>	

## 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) <small>(NHSBSA)</small>	0.79	0.98	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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients via ACE (Anglian Community Enterprise).

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had adopted the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Programme, a global strategy for the diagnosis, management and prevention for COPD.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.8%	74.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.4% (138)	12.1%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.4%	69.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.1% (104)	9.0%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.6%	73.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	25.3% (163)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.9%	74.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (16)	8.2%	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>	90.5%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.7% (34)	14.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.0%	81.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (53)	3.9%	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)	85.3%	89.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (11)	5.0%	6.7%	N/A

#### Any additional evidence or comments

We observed the practices exception reporting in relation to diabetes and COPD indicators during our inspection. We found that the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excepted following three attempts from the practice. Any patients who were deemed as being at risk or vulnerable and had not responded to their recall were followed up by one of the practice nurses.

#### 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)	106	113	93.8%	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)	101	108	93.5%	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)	101	108	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	98	108	90.7%	Met 90% minimum (no variation)

### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. These were provided by ACE (Anglian Community Enterprise)
- Patients could book or cancel appointments online.

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	76.9%	73.8%	71.7%	No statistical variation



64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	77.3%	70.1%	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)	59.0%	57.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	73.6%	63.7%	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)	65.8%	54.3%	51.9%	No statistical variation

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

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

### People experiencing poor mental health (including people with dementia)

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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)	100.0%	85.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	41.5% (22)	17.6%	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%	79.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	45.3% (24)	16.4%	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)	92.2%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.7% (11)	9.3%	6.6%	N/A

#### Any additional evidence or comments

We observed the practices exception reporting relating to the mental health indicators during our inspection. We found that the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excepted following three attempts from the practice. Any patients who were deemed as being at risk or vulnerable and had not responded to their recall were followed up by one of the practice nurses.

#### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.4	529.0	537.5
Overall QOF exception reporting (all domains)	7.0%	5.2%	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	YES

information about care and treatment to make improvements.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- We saw evidence that the practice regularly carried out clinical audits and that there were improvements made because of the audits.
- These included an audit of all female patients between a certain age who were currently prescribed Sodium Valproate medication. (Medicines and Healthcare products Regulatory Agency advises that Sodium Valproate should not be prescribed to female children, female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or not tolerated). The aim of this audit looked at identifying those that had not had a secondary care specialist review in the past year and recalling them for a medication review. Four patients were identified from this audit. The audit also looked at ensuring all female prescribed Sodium Valproate patients had received the patient guide and were on a highly effective contraception.
- We were also provided with evidence of an audit relating to osteoporosis. The aim of this audit was to improve the care of patients with osteoporosis and to identify patients who may have osteoporosis but who had yet to be diagnosed. 11 patients were identified and from this audit a review, including a medication review was identified for six of these. A discussion of treatment with one patient with a confirmed diagnosis was also carried out.

#### Any additional evidence or comments

- The practice adopted the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Programme, a global strategy for the diagnosis, management and prevention for COPD.

## 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.	YES
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> <ul style="list-style-type: none"> <li>The practice had in place a training matrix which identified all staff and the training they had undertaken. It also identified when training was due to expire so updates could be booked ahead of time.</li> <li>Staff training was encouraged. Two receptionists had recently upskilled to healthcare assistants and two further receptionists were currently doing a dispensing assistant course.</li> <li>The practice was a training practice and supported medical students. One of the lead GPs at the practice provided regular tutorials and weekly training sessions to two GP Registrars who were currently working at the practice.</li> </ul>	

## Coordinating care and treatment

Staff worked with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	YES
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	YES

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	YES
Patients received consistent, coordinated, person-centred care when they moved between services.	YES
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	YES
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

### Staff 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Patients with long term conditions had a named GP and were discussed at frailty minutes.</li> <li>• The practice had good relationships with the community matron who worked for Provide (a company who offered community services in Essex). The community matron would contact the patient and speak with them about various services that may be required such as smoking cessation, exercise and weight loss.</li> </ul>	

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>	93.0%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (22)	0.8%	0.8%	N/A

## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	YES
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	YES
The practice monitored the process for seeking consent appropriately.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice had in place a consent protocol and held guidance which was accessible to all staff. We found that consent had been documented on patient notes and written consent was being taken appropriately.</li></ul>	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	YES
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	YES
CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment Cards	Positive feedback on the comment cards included reports of friendly and caring staff and how patients did not feel rushed during their appointments. Patients also stated that they felt supported and listened to. Feedback regarding their new appointment system was well received.
Letters and cards received at the practice.	On the day of the inspection the practice provided evidence of a file containing letters and cards from patients highlighting the satisfaction in the service they had received.

## 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
11152	244	123	50.4%	1.10%



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)	86.3%	86.6%	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)	83.4%	85.0%	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)	96.3%	94.7%	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)	61.7%	79.0%	83.8%	Variation (negative)

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

### 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

Source	Feedback
Interviews with patients.	On the day of the inspection we spoke with two patients. They felt the staff at the practice were very caring and kind and that despite difficulties in the past with getting an appointment, this had started to improve.

## 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)	94.1%	93.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	YES
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	YES
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	YES
<ul style="list-style-type: none"> <li>The practice had recently implemented a new website. This contained the details of support groups for various services that could be accessed by patients.</li> <li>Information leaflets were available in easy read format if required but not available in different languages as the practice felt there was not a required need considering the demographics of the area.</li> <li>Interpretation services were provided by 'the big word' telephone services. The practice also had members of staff who spoke Romanian, French, Danish, Spanish, German, Bengali, Urdu and Hindi.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	On the day of the inspection the practice had a patient list size of 10999. 99 patients were identified as carers which equates to approximately 0.9% of the practice population.
How the practice supported carers.	The practice offered carers advice on supported services, flu vaccinations and health checks.
How the practice supported recently bereaved patients.	The practice made staff aware of any recently bereaved patients, to enable them to provide support and guidance to relatives when they attended the practice.

### Any additional evidence or comments

The practice was aware of its low number of carers in comparison to the practice list size. Carers were identified opportunistically and also during registration of new patients. The practice had been working alongside the PPG to try and identify more carers and had put some information in their newsletters to encourage those patients who were carers to make themselves known to the practice and advise on what support could be offered to them.

## 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
<ul style="list-style-type: none"><li>• The practice had a sign in the reception area asking patients to stand back and wait while another patient spoke at the reception area.</li><li>• The reception staff had access to a 'confidentiality room' which was located by the reception, for patients that were upset or distressed.</li></ul>	

## Responsive

## Rating: Requires Improvement

The practice was rated as requires improvement for providing responsive services because:

- Patient satisfaction regarding making and accessing appointments was below local and national averages. Although the practice had responded to patient feedback and introduced improvements, there was no available evidence which indicated that patient satisfaction had improved. As this issue affected all population groups, they were also rated as 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.	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
<ul style="list-style-type: none"> <li>• The practice offered patients with a learning disability, extended GP appointments at the end of the morning surgery.</li> <li>• The practice referred patients who were entitled to NHS health checks to Anglian Healthcare who were the providers for this service in Mid Essex.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
	8am – 6.30pm
Appointments available:	
Monday	8.30am – 6.20pm
Tuesday	8.30am – 6.20pm
Wednesday	8.30am – 6.20pm
Thursday	8.30am – 6.20pm

Friday	8.30am – 6.20pm

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11152	244	123	50.4%	1.10%

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)	94.5%	93.9%	94.8%	No statistical variation

### Older people

**Population group rating: Requires Improvement**

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice carried out weekly visits to two residential care homes local to the practice.

### People with long-term conditions

**Population group rating: Requires Improvement**

#### 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: Requires Improvement**

### **Findings**

- Additional nurse appointments were available for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **Working age people (including those recently retired and students)**

**Population group rating: Requires Improvement**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area outside of the normal practice hours between 6.30pm and 8pm Monday to Friday and between 8am and 2pm on Saturdays, Sundays and bank holidays. This service was provided by the Mid Essex Clinical Commissioning Group.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**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.
- The practice offered extended appointments for those with a learning disability.
- The practice provides GP services to an independent living service for those with a learning disability.

**People experiencing poor mental health (including people with dementia)**

**Population group rating: Requires Improvement**

**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.
- The practice has an onsite IAPT (Improving Access to Psychological Services).

## 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 necessary.	YES
<ul style="list-style-type: none"> <li>The practice had implemented a telephone appointment system. Patients were asked for a brief description of the problem when calling for an appointment. They were then booked in for a face to face appointment with a GP or nurse or given a telephone appointment with a GP. From the telephone appointment, the GP could offer advice over the phone, refer to alternative care pathways (for example a pharmacy) or issue prescriptions that could be collected or sent straight to a pharmacy. Alternatively, if needed, they would be offered a face to face appointment with an appropriate clinician which the GP could book whilst the call was taking place, without the need to be transferred back to reception.</li> <li>Since the telephone appointment system had been implemented the practice saw a significant reduction in patients that failed to attend. One staff member investigated the amount of missed appointments on a weekly basis. A letter was sent to those who had missed any appointments to remind them of alternative ways to cancel to free up appointments for other patients. This was also used as a tool to pick up on individuals that had failed to attend on more than one occasion and potentially highlighting that additional support was needed for that individual.</li> </ul>	

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)	17.6%	N/A	70.3%	Significant Variation (negative)
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)	30.6%	60.0%	68.6%	Significant Variation (negative)
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)	32.2%	58.0%	65.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they	49.7%	70.8%	74.4%	Variation (negative)



Indicator	Practice	CCG average	England average	England comparison
were offered (01/01/2018 to 31/03/2018)				

#### Any additional evidence or comments

The practice was aware of its low satisfaction data regarding access to appointments. As a result, they implemented improvements, this included designated appointment types and revision of the availability of appointments on the same day. Patients were also able to make and cancel appointments online and via text message. The practice had also implemented a telephone appointment system with a GP where this was deemed appropriate. We were satisfied that the practice had a system to respond to patient feedback. However, as the national GP patient survey results were not due until July 2018, there was no evidence to reflect that patient satisfaction had improved at the time of the inspection.

Source	Feedback
For example, NHS Choices	We received positive reviews from patients on the day of the inspection regarding access to appointments, stating that it had improved greatly over the past year.

## 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.	33
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES
<ul style="list-style-type: none"> <li>The practice held an annual complaints review. Clinical meetings also show that the discussion of complaints was a standing agenda item. The practice told us that any complaint received was circulated to all parties involved for feedback and this feedback helped to assist with the response. If any learning needs were identified or a change in process was required, then this was dealt with accordingly.</li> </ul>	

Example of learning from complaints.

Complaint	Specific action taken
Mis-communication over appointment Location. Patient arrived late for their appointment and on their record card was marked as did not attend.	Patient not to be marked as 'did not attend' until the end of the clinical session. Practice has liaised with IT to see if the location of the surgery could be added to the text message facility.

## Well-led

Rating: Good

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	YES
They had identified the actions necessary to address these challenges.	YES
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
<ul style="list-style-type: none"><li>During the inspection we found that leaders were visible and engaged with their staff and the practice population. Staff reported that they were confident they could approach leaders within the practice to suggest changes and improvements.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	YES
There was a realistic strategy to achieve their priorities.	YES
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	YES
Staff knew and understood the vision, values and strategy and their role in achieving them.	YES
Progress against delivery of the strategy was monitored.	YES
<ul style="list-style-type: none"><li>Staff were supported to carry out training additional to their roles to improve patient outcomes and clinicians were supported to develop their roles.</li><li>The practice was approved as a training practice and currently had two GP registrars working at the practice who had regular training sessions with one of the lead GPs.</li></ul>	

## 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

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

Source	Feedback
3 staff members	On the day of the inspection we spoke with three staff members who all stated they enjoyed working at the practice. They felt that managers were approachable and that there was a great team ethic.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	YES
Staff were clear about their roles and responsibilities.	YES
There were appropriate governance arrangements with third parties.	YES

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	YES
There were processes to manage performance.	YES
There was a systematic programme of clinical and internal audit.	YES
There were effective arrangements for identifying, managing and mitigating risks.	YES
A major incident plan was in place.	YES
Staff were trained in preparation for major incidents.	YES
When considering service developments or changes, the impact on quality and sustainability was assessed.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• A variety of clinical and non-clinical audits had been carried out to improve the quality of care.</li> <li>• A major incident plan was in place and attached to the staff noticeboard and kept in the practice managers office. The practice manager also kept a copy on a memory stick which was readily accessible if required.</li> </ul>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	YES
Performance information was used to hold staff and management to account.	YES
Our inspection indicated that information was accurate, valid, reliable and timely.	YES
There were effective arrangements for identifying, managing and mitigating risks.	YES
Staff whose responsibilities included making statutory notifications understood what this entails.	YES

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	YES
Staff views were reflected in the planning and delivery of services.	YES
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	YES
<ul style="list-style-type: none"><li>The practice had a patient participation group (PPG), which met regularly. The group produced a regular newsletter with the support of the practice manager.</li></ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	YES
Learning was shared effectively and used to make improvements.	YES
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Clinical staff were involved in a range of local initiatives to improve patient care in partnership with other organisations. For example, the practice referred patients to the community matron who offered services for smoking cessation, weight management and exercise. The practice also visited the patients of two residential care homes and provided GP services to a local independent living service.</li><li>The practice also held regular practice, clinical, nurse and dispensary meetings with a focus on continuous learning and development.</li></ul>	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

### Glossary of terms used in the data.

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