

Care Quality Commission

Inspection Evidence Table

Birchwood Medical Practice (1-572556946)

Inspection date: 5 February 2019

Date of data download: 29 January 2019

Overall rating: add overall rating here

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

Safe

Rating: **Requires Improvement**

Safety systems and processes

The practice had some 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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. The practice did not have a risk register of specific patients, to monitor any concerns and actions where required. However, they demonstrated that processes were in place to discuss individual cases such as internal daily meetings or multi agency meetings. We saw evidence of this. We saw the practice system was shared with other services, that enabled them to access notes from health visitors, district nurses and school nurses.</p>	
<p>Following our inspection, the practice provided evidence that they have a search within their clinical system to identify patients at risk. They told us the search was last run on the day of our inspection. We were not provided with evidence to demonstrate a risk register of such patients, including ongoing monitoring of risks or concerns and ensuring actions were completed.</p>	
<p>The practice was taking part in the IRIS (Identification and Referral to Improve Safety) project, which is a pilot scheme of an intervention to improve the health care response to domestic abuse. All staff were encouraged to raise awareness and report concerns to the safeguarding leads.</p>	

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.	No
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence:	
<p>We looked at the recruitment documentation for six members of staff. We found five files which did not contain evidence of satisfactory conduct in previous employment for all staff (usually found in the form of references) that were obtained prior to employment.</p>	
<p>The practice told us they did not yet have a system to ensure confirmation of the registration status of clinical staff. Whilst on inspection the practice took immediate action and started this process. Following our inspection, the practice sent us a new policy they have implemented to ensure the registration status will be monitored annually for all clinical staff.</p>	

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 Jan 19
There was a record of equipment calibration. Date of last calibration:	Yes Nov 18
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 June 18
There was a log of fire drills. Date of last drill:	Yes Dec 18
There was a record of fire alarm checks. Date of last check:	Yes Feb 19
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes Feb 19
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
We saw the last equipment calibration included three vaccine refrigerator thermometers, to ensure accuracy.	
The practice fire risk assessment had been completed the week prior to our inspection, however they had already completed some actions. For example, displaying evacuation signs in reception.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	Dec 18
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse and training coordinator were the leads for infection, prevention and control (IPC). We found that the practice was not following their own IPC policy, as the leads had not received additional training. They told us they did not have a cleaning schedule. We were told that clinical equipment was cleaned appropriately, however staff told us this was not recorded.

The practice had completed an IPC audit on 1 December 2018 and we were told actions were in progress, however we were not provided with evidence of an action plan to ensure required improvements were completed. For example, furniture and fittings requiring repair or replacement. We were told that a meeting was requested with the one of the partners but this had not yet been confirmed.

Following our inspection, the practice took action and sent us evidence they booked training for the IPC leads, which was completed on 17 March 2019. They also confirmed that all actions from the recent audit will be completed by the end of March 2019, which will include feedback for all staff members. The practice has sent us evidence of their action plan to monitor improvements and ensure their completion.

Staff had access to infection, prevention and control training using an online training provider. This included handwashing. The practice told us they planned to conduct a handwashing practical input with all staff.

The practice had completed a waste audit on 2 November 2017. We saw there were improvements identified, for example inappropriate waste items had been placed into incorrect bins. We saw the practice had emailed all staff with the findings on 16 January 2018. They told us they planned to conduct a further waste audit to monitor compliance.

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>We looked at a sample of clinical records for patients, including those with a learning disability, asthma, or receiving end of life care. We saw evidence of comprehensive care plans that were well documented and met best practice guidelines.</p> <p>The practice demonstrated that all test results had been processed and there was no backlog.</p> <p>We also saw that the practice recorded on their clinical system when they shared patient information with other services.</p>	

Appropriate and safe use of medicines

The practice did not always have systems for the appropriate and safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA)</small>	0.96	0.91	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	11.1%	10.4%	8.7%	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).	Partial
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.	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
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

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found that the practice did not have an effective system for the production of Patient Specific Directions, to enable health care assistants to administer medicines when a doctor or nurse was on the premises. Staff told us that patients were not reviewed on an individual basis by a prescriber, prior to the health care assistant supplying or administering medicines or vaccinations. They told us the prescriber reviewed the list of patients following the administering of medicines. Staff told us they had previously raised this as an issue to the management team.</p> <p>Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We viewed a sample of these and they had been completed correctly.</p> <p>The practice had recently implemented a workflow optimisation system for dealing with incoming post and directing this to the most appropriate staff member. The practice did not always have a clear audit trail for the management of information, as we found letters that had not been date stamped upon receipt at the practice, as per their policy. We saw this had occurred for a small batch of documents from 2 February 2019. Following our inspection, the practice confirmed they had reminded staff of the policy and re-iterated the importance of the process. They also sent us a copy of their policy, which clearly described the actions to take on receipt of correspondence.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	38
Number of events that required action:	19
Explanation of any answers and additional evidence:	
Significant events were thoroughly recorded, investigated and acted upon. We saw that learning and action points were discussed during clinical meetings. Communications with affected patients demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour.	

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

Event	Specific action taken
Patient prescribed medicine at an incorrect dose.	The practice took immediate action and corrected the dose. A full apology was made. This was discussed at a practice meeting where practice policies and protocols were re-enforced. All staff were reminded to speak with a clinical with any queries.
An urgent action that was required following a test result was missed.	The practice took immediate action and ensured the patient was seen the next day. This was discussed at a practice meeting and appropriate safety measures were suggested. Further training was considered for administrative staff.

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
The practice learned from external safety events as well as patient and medicine safety alerts. We saw that the practice used a recording sheet to ensure actions were identified and completed. We saw that information was cascaded to appropriate staff.	

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.

	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>	0.71	0.96	0.81	No statistical variation

Older people

Population group rating: Requires improvement

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice had identified GP leads for frailty.
- 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.
- The practice provided services at local nursing and residential homes for patients who were residents. There were named GPs allocated to each home. They held an annual meeting with these homes to facilitate open communication and feedback.
- The practice shared the premises with district nursing teams and this had increased communication, such as informal discussions of patients. They held an information sharing agreement with the community trust, which enabled communication using their clinical system.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions were offered 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.
- Patients at risk of hospital admission were identified as a priority.
- Specific staff had lead roles in chronic disease management. For example, nursing staff were leads in the care of patients with asthma and diabetes.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had a clinic for Cardio Vascular (CVS) conditions. They arranged for patients to be tested by the nurse first, followed by a longer appointment with the GP who therefore had the results available ready for a thorough review. The practice shared care plans with their out of hours provider and the ambulance service.

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>	82.6%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.2% (143)	13.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	65.3%	77.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.1% (126)	12.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.9%	82.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.4% (128)	14.8%	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>	75.0%	71.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (34)	5.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.4%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.1% (50)	15.6%	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>	70.6%	81.3%	82.6%	Variation (negative)
Exception rate (number of exceptions).	4.9% (102)	4.9%	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) <small>(QOF)</small>	86.3%	87.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (18)	6.4%	6.7%	N/A

Any additional evidence or comments

The practice was aware of their current performance for ensuring the health monitoring of patients with hypertension. They explained they had previously been understaffed and this had resulted in a lack of available appointments. However, they had recruited additional clinical staff and expected increases in performance.

Following our inspection, the practice added that a nurse led hypertension clinic was started in May 2018. They have continued to monitor their performance and their current achievement has shown improvement. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less is now 83%.

Families, children and young people

Population group rating: Requires improvement

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) <small>(NHS England)</small>	201	220	91.4%	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) <small>(NHS England)</small>	234	258	90.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	237	258	91.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	234	258	90.7%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.

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)	71.9%	73.2%	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)	65.8%	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)	57.8%	57.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	68.1%	67.6%	70.3%	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)	63.3%	55.9%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Requires improvement

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 pro-active approach to recalling patients with a learning disability for their annual health check.
- Reception staff had received additional training to ensure they had a non-discriminatory approach to patients with no fixed abode, and those from the large local community of Irish travellers.
- 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 practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months. This included Dementia Awareness Training and the practice had become Dementia Friends
- Patients had access to a wellbeing advisor who visited the practice weekly. They provided advice and signposted patients to a wealth of support associations, as well as being a good listener for patients suffering from loneliness.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.1%	85.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	26.0% (25)	15.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	88.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.7% (17)	11.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.1%	80.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	16.4% (22)	6.6%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539.2	544.5	537.5
Overall QOF exception reporting (all domains)	6.6%	6.0%	5.8%

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

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

The practice provided evidence of several audits undertaken, which had resulted in changes to clinical management and medicines for individuals, in line with guidance.
Examples of audits completed between 2016 and 2018 included; two quality improvement projects for diabetes and asthma, monitoring of renal function in patients with increased risk of acute kidney injury, minor surgery audit, and an audit to review the prescribing of oral nutritional supplements.
We looked at an audit of disease-modifying antirheumatic drugs (DMARDs), which help preserve joints by blocking inflammation. The audit was first run between May 2015 and January 2016. A second cycle was completed in November 2016 and a third in January 2017. The audit looked at prescribing of DMARDs and whether patients were receiving regular health monitoring. As a result of the audit, the practice brought in changes of processes, which showed an improvement in the number of patients having blood tests. We saw that the first audit identified 74% of patients prescribed DMARDs had regular blood tests. The results of third cycle audit showed an increase to 97%.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, they were not always able to demonstrate that staff received regular appraisals.

	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.	Partial
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> <p>The practice had a dedicated training co-ordinator who delivered an induction programme and had oversight of training needs for all staff.</p> <p>Staff we spoke with had not all received a recent appraisal. Some staff had not had an appraisal for three years. The staff records we looked at confirmed this. The practice told us that there had been issues with an online appraisal system and they were considering an alternative process until resolved. Following inspection, the practice took immediate action and sent us a copy of their new appraisal form and one to one review form. These will be used to structure and document future discussions with staff. They also sent us the proposed dates and plan for all staff appraisals.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: We saw the practice used a clear method of recording and identifying notes from other services such as health visitors, district nurses and school nurses.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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>	92.7%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (21)	0.6%	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: Written consent was sought for minor surgery procedures. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.	

Caring

Rating: **Good**

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

Additional Evidence

Prior to our inspection we received concerns regarding a poor attitude of reception staff and their communication with patients. We followed up on these concerns with the practice who told us they were aware of negative comments regarding reception staff and were monitoring. They were continuing to monitor and investigate any patient complaint.

CQC comments cards

Total comments cards received.	20
Number of CQC comments received which were positive about the service.	17
Number of CQC comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	We spoke with five patients on the day of the inspection told us that clinical staff were kind and caring. They spoke positively about the service received, particularly from the advanced nurse practitioner and nursing staff. We received some mixed feedback about the attitude of reception staff. However, the majority of patients told us they were helpful and friendly.
Observation	Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception desk was away from the waiting area, which meant conversations at the desk could not be overheard. We saw that staff dealt with patients in a friendly, polite and helpful manner.
Comment Cards	Patients commented that they were listened to by GPs, who were caring and professional. They said that the nurse team were excellent and put them at ease. Patients also commented that the reception staff and were very helpful and courteous. We saw comments that all staff were approachable and friendly, treating them with dignity and respect. Overall, patients were extremely grateful for the care and support they received. The mixed comments related to access to appointments.

Source	Feedback
NHS Choices	<p>We looked at 19 comments that had been published, between February 2018 and January 2019. We saw comments that included praise for the caring, professional and friendly nursing staff and the paramedics. They also were positive about the care and treatment for children.</p> <p>The majority of negatively themed comments related to the attitude of reception staff and the attitude of GPs. We saw the practice had responded to comments.</p>

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
17042	264	102	38.6%	0.60%

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)	91.7%	91.5%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	91.4%	90.6%	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%	97.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	89.0%	87.4%	83.8%	No statistical variation

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

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
Comment cards and feedback to CQC	Patients commented that they felt involved in decision making about the care and treatment they received. They also stated they felt listened to and supported by staff and that treatment decisions were acted upon.

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)	95.0%	95.0%	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.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had leaflets or posters displayed in the waiting area relating to areas such as the complaints process or availability of chaperones.</p> <p>The practice website could be converted into a variety of languages.</p> <p>The practice had volunteer health champions arranged through a pilot scheme called All Together Better (ABC), which is funded by the CCG. They organised and delivered regular coffee mornings for all patients every two weeks and a monthly carers support group. We spoke with the leader and a PPG (patient participation group) member, as a support group was running on the day of our inspection. The group was well attended and we saw health champions assisting patients including general discussions, how to get online, and support with completing application forms. The leader told us they planned to expand on their work by arranging health walks, health and lifestyle education (such as healthy-eating suggestions and blood pressure checks) and games.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 422 carers identified (approximately 2.5% of practice population). Two of these were young carers.
How the practice supported carers.	The practice had allocated a staff member as the carer's champion. The practice computer system alerted staff if a patient was also a carer. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. The practice also worked with a voluntary organisation who offered a break scheme that supports carers, including financially, to take a respite break.
How the practice supported recently bereaved patients.	<p>Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.</p> <p>Patients also had access to a bereavement counsellor who offered up to six sessions. The provision of this service was a partnership between a local hospice and the practice, following an agreement in February 2016 to attend once per week. We saw that between May 2016 and September 2017 they had taken a patient survey, which showed that 85% of respondents felt the service highly met their expectations. This also showed that 92% felt the service was very easy to use.</p>

Privacy and dignity

The practice patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: **Good**

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: There was onsite parking for patients. The access doors to the practice were wide enough for use by persons using mobility aids. Patients were seen on the ground floor or there was a lift available. There were appropriate toilet facilities for all patients. There was a hearing loop available for deaf patients and patients had access to a practice mobile number so they could text for an appointment if preferred. Patients had access to online video consultations with a separate provider working in partnership with the federation. The practice showed us that between September 2018 and January 2019 there had been 488 appointments offered to patients registered at the practice. We saw that 398 (81%) of these appointments were completed and 88 (23%) of these were converted to face to face appointments.	

Practice Opening Times

Day	Time
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm

Any additional evidence or comments

The practice also offered pre-bookable appointments on Monday evenings from 6:30pm to 8pm, and on Saturday mornings from 8am to 11am.

As part of a national initiative, GP practices in East Surrey offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at designated practices or at Caterham Dene Hospital. Birchwood Medical Practice hosted appointments on Monday to Friday from 4pm to 8pm and on Saturdays from 8am to 12pm.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17042	264	102	38.6%	0.60%

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)	94.8%	96.7%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice could signpost patients to local support groups.
- Patients could receive text message appointment reminders.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Longer appointments, telephone consultations and home visits were available when required.
- The practice offered a warfarin clinic with near-patient testing for INR (International Normalised Ratio, a standardised measurement of the time it takes for blood to clot). This meant that patients could receive monitoring and treatment at the practice, rather than needing to attend secondary care.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- The practice provides regular family planning clinics and childhood immunisation clinics.
- Post-natal checks were offered alongside baby immunisations for 8-week mother and baby checks.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, and additional hours through the East Surrey hub.
- Telephone and video consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients had access to online services including to book appointments and order repeat prescriptions.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, there were 119 patients being monitored on their register of patients with a learning disability. They were offered longer appointments or home visits if needed, with the advanced nurse practitioner. They told us they considered the individual communication needs of these patients including calling patients rather than sending letters, and using visual aids. The practice computer system alerted clinicians and staff if the patient had a learning disability.

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

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	60.6%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	70.9%	70.2%	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)	66.5%	65.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.3%	75.1%	74.4%	No statistical variation

Source	Feedback
Interviews with patients	We spoke to five patients on the day of inspection. Patients told us that they experienced some difficulty getting an appointment, including a long wait time in the telephone queue for a receptionist. However, they were usually able to get a time and date that suited them. Patients told us they were able to get an emergency appointment for themselves or their children if required. They told us appointments were normally on time and they did not usually feel rushed in appointments.
CQC comment cards	Three of the 20 cards we received specifically mentioned access to appointments. Comments included that they were able to get an appointment, although there was a long wait on the telephone. One card mentioned feeling pressured to end the appointment.
NHS Choices	We looked at 19 comments that had been published, between February 2018 and January 2019. We saw comments that were positive about the service received. There were negative comments which related to the availability of appointments and being given enough time in appointments.
Friends and Family Test	We saw that 371 patients had responded to the friends and family test survey and 95% of these patients would recommend the practice (November 2018)
GP Patient Survey	Results from the GP Patient Survey for this practice were in line with or above CCG and England averages relating to appointments. For example, the percentage of respondents to the GP patient survey who stated the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment was 89% (CCG average 90%, England average 87%)

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.	17
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: We saw evidence that complaints were fully investigated, with transparency and openness. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.	

Well-led

Rating: **Requires Improvement**

Leadership capacity and capability

Leaders could not always 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.	Yes
Explanation of any answers and additional evidence: Although there was a management structure, not all staff felt supported by leaders and they told us they were not always available. Staff told us that not all management and lead roles were covered effectively during practice opening hours. For example, we were told that on a certain day of the week between six and eight GPs were off including all of the partners. We also found the nursing team was led by a GP partner who was present at the practice three days per week, and it was not clear how this role was covered for the remainder of the week. Staff told us that although there was a culture of learning and improvement, they did not always feel their feedback was acted upon. Following our inspection, the practice told us that at least two partners are available every day. They also said all staff had access to someone from the management team, who are covered when there are absences. They told us that staff had regular meetings to provide staff with opportunity to speak out. The practice also had a partner as the Freedom to Speak guardian.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had become part of a partnership called Modality in January 2018. Staff could explain the	

vision and values of the practice and were proud to work at Birchwood Medical Practice. Staff were complimentary of the way leaders involved and informed them during the transitional period to joining Modality. They told us they were provided with a variety of communication channels including meetings, question and answer sheets, and methods to voice concerns anonymously.

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
Staff interviews	We received comments from staff who felt supported by the majority of the practice staff, both professionally and personally. They told us they worked well together as a team. They were happy with the level of communication at the practice and said it was an open and friendly culture. All staff felt their roles were varied and they were encouraged to develop. All staff felt that the practice looked after their patients and they delivered person centred care. However, not all staff felt valued and supported by management.

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

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated. However, we found the practice was not always following their own policies. We also found that not all clinical staff were clear on the services offered at the practice.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. Significant events were discussed and the practice reviewed complaints. We saw evidence of this.
Staff training	There was good management overview of staff training.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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: We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example; recruitment processes and ongoing monitoring of clinical registration, staff appraisals, management of information, production of patient specific directions, and infection prevention and control.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
There was an active patient participation group (PPG), with 14 members, which had been running for approximately ten years. We heard from a member of the PPG who told us they met regularly and arranged special events, for group talks by a practice GP on topics such as diabetes. They also produced a newsletter three times per year. We were told that patient feedback was mostly positive about the GPs and staff at the practice. The PPG told us the practice cooperates with them and had been responsive to suggestions or queries raised. For example, the PPG and practice had worked together on improvements to the telephone system. We saw minutes of their most recent meeting on 12 November 2018, where the practice provided relevant updates and the PPG were in the process of planning an event and an update to the practice booklet.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice held protected learning time sessions for staff. However, we found that not all staff received regular appraisals, to identify training opportunities for individual staff members.

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.