

Care Quality Commission

Inspection Evidence Table

Picton Medical Centre (1-542805537)

Inspection date: 05 March 2019

Date of data download: 28 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).	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
We saw that staff at the practice were working towards appropriate training levels to meet the newly introduced requirements of the 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff document': January 2019. GPs were trained to level three safeguarding. The practice was able to offer both male and female chaperones.	

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
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 11/09/2018	Yes
There was a record of equipment calibration. Date of last calibration: 11/09/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: September 2018	Yes
There was a log of fire drills. Date of last drill: 15/08/2018 & 23/11/18	Yes
There was a record of fire alarm checks. Date of last check: undertaken weekly at both sites.	Yes
There was a record of fire training for staff. Date of last training: undertaken annually by all staff	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 12/07/2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: We saw that additional checks for both sites including legionella testing, gas safety, electrical safety and	

for the passenger lift had been undertaken.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019: Monthly assessment of risk undertaken	Yes
Explanation of any answers and additional evidence: Additional risk assessments had been undertaken in line with health and safety guidance including those for pregnant staff.	

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:	04/03/2019
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: The practice scored 98% in the March 2019 infection prevention audit.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The reception team had completed care navigation training to enable them to direct the patient to the most appropriate clinician. In addition to this, we were told that staff had also attended triage training led by the GPs. This included additional information. For example; staff were taught how to recognise and alert clinicians to issues such as an unwell baby or wheeziness.</p>	

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.44	0.98	0.94	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	3.8%	4.2%	8.7%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	4.82	5.26	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	5.61	3.15	2.22	Variation (negative)

Any additional evidence or comments

The provider was aware of the antibiotic prescribing rates of the practice and regular audits were being undertaken to review this issue. Outcomes were discussed in clinical meetings. On the day of inspection, the practice was able to show that prescribing rates had reduced.

The practice described how they were attempting to limit the number of oral NSAIDs which were prescribed (NSAIDs are a range of medicines designed to reduce inflammation and pain). However, due to high levels of deprivation in the area, there was also a local knowledge and understanding that a higher than average number of patients would not be able to afford to buy these medications over the counter if they were not prescribed.

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
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that shared care guidelines were in place for complex patients.</p> <p>On the day of inspection, we saw that the oxygen cylinder was only one quarter full. The practice responded to this and arranged the immediate delivery of a replacement cylinder.</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:	16
Number of events that required action:	16
Explanation of any answers and additional evidence: The practice had recently reviewed the form used to record significant events to make it more 'user friendly'.	

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

Event	Specific action taken
Prescribing error	Discussed in practice meeting, an update to the clinical system reduced the potential for this happening again. Used by GP involved as developmental learning for personal development plan.
Administration documentation	A review of patient notes identified that information from the triage call was not being saved directly into patient records. This was addressed in the team meeting and the importance of saving this record was discussed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: There was a system for managing safety alerts and staff at the practice were aware of individual responsibilities. The practice had a 'Top Tips box' within the computer system where staff were made aware of alerts and could also access useful tips and information. The practice told us they would review their process of responding to alerts to ensure that they could evidence that all alerts had been managed as required.	

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>	1.90	0.75	0.81	Variation (negative)

Any additional evidence or comments

In response to the above, the prescribing lead had recently completed 'managing insomnia' training and shared learning from this with other clinical staff. The practice was also directing patients to an NHS app for patients with insomnia.

Population group rating: Good

Older people

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 and were reviewed monthly by the clinical team.
- 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. Medication reviews were undertaken every three to six months and this could be carried out in the patient's own home.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Appointment times were structured to meet the needs of individual patients.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- All new patients registering with the practice were offered a health check. Staff who were responsible for reviews of patients with long-term conditions had received specific training. We saw that clinicians had attended additional training including inhaler technique training in December 2018.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 12% above the national average.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	74.0%	73.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.8% (97)	11.0%	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>	76.2%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.5% (76)	7.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.8%	76.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.0% (90)	7.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.6%	80.1%	76.0%	Variation (positive)
Exception rate (number of exceptions).	0.7% (6)	3.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.3%	89.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.1% (10)	10.3%	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>	86.8%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	8.1% (73)	5.3%	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>	76.9%	87.7%	90.0%	No statistical variation

Exception rate (number of exceptions).	4.9% (2)	12.0%	6.7%	N/A
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Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above World Health Organisation (WHO) targets. This group of patients were reviewed quarterly by a dedicated member of staff and their parents contacted by the practice nurse, requesting the child be presented for immunisation. Non-attenders were discussed with the health visiting team and quarterly meetings were held with health visitors, school nurses and midwives.
- 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. Audits had been conducted to ensure safe prescribing in this patient group.
- 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>	125	130	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	119	122	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	121	122	99.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	120	122	98.4%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	69.7%	61.2%	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)	55.4%	55.2%	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)	32.7%	35.6%	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)	53.8%	73.9%	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)	66.7%	54.4%	51.9%	No statistical variation

Any additional evidence or comments

The practice had held an event during the summer in conjunction with other local practices attended by between 250 and 300 people. Stalls included those to encourage self-care, healthy eating and screening information. During the event, attendees could walk through a large inflatable bowel and were offered a bowel screening kit at the exit.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered by the multi-disciplinary team which took into account the needs of those whose circumstances may make them vulnerable. Patients were reviewed monthly at clinical meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice could demonstrate close links with the local community and voluntary services. Patients were referred to these services as necessary.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice worked closely with voluntary and community mental health services including those who supported specific vulnerable groups and those communities for whom mental ill health was not viewed in a positive light.
- There was a system for following up patients who failed to attend for administration of long-term medication or collect their prescriptions.
- 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 this was reviewed by a clinician and followed up with 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) <small>(QOF)</small>	92.8%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	19.8% (17)	7.5%	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>	96.1%	95.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.6% (10)	4.7%	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>	81.8%	83.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	15.4% (4)	8.7%	6.6%	N/A

Any additional evidence or comments

The practice had a system for ensuring that patients were only exception reported when necessary.

Monitoring care and treatment

The practice had a 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)	548.7	528.5	537.5
Overall QOF exception reporting (all domains)	6.9%	7.1%	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 had identified above average rates of antibiotic prescribing. Through a process of audit and clinical discussions the practice was able to evidence a reduction in the prescribing rates of the practice. For example; in quarter three of 2017/2018 1,400 items were prescribed to patients, in the same quarter of 2018/2019 1,104 items were prescribed to patients.

Effective staffing

The practice could 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 Healthcare 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

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.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>A spreadsheet was available for the administrative and reception team which detailed the competencies of clinicians. This enabled the practice to ensure that patients saw the clinician best placed to meet their needs.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had funded a Community Cohesion eight-week course for patients. The course, facilitated by practice staff in conjunction with a healthy living worker, offered women of different backgrounds the opportunity to lose weight and break down social and cultural barriers. At the end of the course patients were offered their equivalent weight loss in fruit and vegetables. Twelve patients completed the course and weight loss was evidenced.</p>	

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>	96.5%	96.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (22)	0.9%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: Two members of staff at the practice were trained to offer foodbank vouchers. When the limit for the allocations of these vouchers had been reached, the staff team would provide food and clothing to individuals. Two staff members at the practice had recently been awarded certificates of excellence by the local federation. One member of the team whom we spoke with had been voted Admin/ receptionist of the year 2019. Seven members of the team worked as volunteers at a local community food kitchen to support homeless patients. During the year the team provided food, money and clothing. Patients could be directed to this service. The team collected and personally bought items for the 'Red box project'. A nationwide initiative to provide free sanitary products to young people. We were told of examples of warm drinks being offered to people who were sat for long periods on the benches outside the practice in cold weather. A small number of patients had been supported to attend benefit assessments, recognising the link between a settled financial position, housing and health issues. One homeless patient we spoke with told us of their distress at finding they were to be housed outside the city. We were told they had been supported by the practice manager to attend an assessment, find furniture and be provided with accommodation to allow them to stay in the city. The practice manager was described as a 'diamond'. Patients were referred to as 'customers' who chose to use their services, staff were guided by an extract from a speech by Mahatma Gandhi which celebrated the importance of visitors to premises. The PPG held a regular stall in the practice and the proceeds from the items sold such as books were given to charity.	

CQC comments cards	
Total comments cards received.	39
Number of CQC comments received which were positive about the service.	36
Number of comments cards received which contained mixed comments about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient feedback	One patient told us the care and treatment given to them and their spouse when he passed away was 'second to none'. We spoke with seven patients who all told us they were treated with kindness, care and concern.
Comment cards	All patient comment cards were very positive about the staff team and the services offered. The service was described numerous times as excellent and patients said they were very satisfied. Staff were described as helpful, understanding, caring and smiling. Mixed comments included having to wait in a queue for the phone to be answered.

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
9052	419	68	16.2%	0.75%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	78.4%	82.4%	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)	75.4%	79.1%	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)	91.5%	91.9%	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)	81.6%	72.6%	83.8%	No statistical variation

Any additional evidence or comments

We saw that thank you cards and motivational messages were displayed for staff to view.

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

Any additional evidence

The practice had carried out their own patient satisfaction survey between December 2018 and January 2019. A maximum of 36 patients answered each question.

91% of patients who answered said the clinician they saw during the last appointment was fair, good, very good or excellent at listening.

91% of patients who answered the question said the health care professional they saw at their last appointment recognised and understood their mental health needs.

91% of patients who answered said overall, they were satisfied with the practice.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Several patients we spoke with about the service told us that clinicians at the practice explained their care and treatment in a jargon free way they could understand.	

Source	Feedback
Interviews with patients.	All of the patients we spoke with either during or after the inspection told us that they were involved in decisions about their care and treatment.
Share your experience.	One patient completed a 'share your experience' form on the CQC internet page. Whilst the comments were mixed the patient noted that they always felt well looked after by staff treating or caring for them.
Patient comment cards (39)	Patients told us they were very satisfied with the care and treatment at the practice.

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)	79.8%	87.0%	93.5%	Variation (negative)

Any additional evidence or comments

During the inspection several patients attending for appointments were asked by the practice if they wished to speak to the inspection team. We spoke with four patients (chosen at random) over the telephone after the inspection. All four patients told us they felt very involved in decisions about their care and treatment and that explanations were given in plain terms which they could understand.

The practice had carried out their own patient satisfaction survey between December 2018 and January 2019. 94% of patients who responded said that they were involved in decisions about their care and treatment.

	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: Staff with specific skills had been recruited by the practice to enable them to meet patient need. The practice had a staff member who could speak 11 different eastern European languages and had recently recruited a male staff who could speak a language that was unrepresented within the skills of the team. The team could offer both male and female chaperones.	

Carers	Narrative
Percentage and number of carers identified.	2% 169 carers. A review of the carers register was undertaken the day after our inspection with further carers being identified as above. The additional carers identified were sent a text message to invite them for health checks. The practice was also aware of several families where one person supported 2 or 3 people.
How the practice supported carers.	A carers register was in place and carers were offered health checks vaccinations and referrals to support agencies.
How the practice supported	In recognition of the religious and cultural observances of some patients, the

recently bereaved patients.	GP would respond quickly, out of normal hours to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. For those patients who were receiving end of life care the GPs would share their mobile numbers with carers for them to contact them if required.
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Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

We have rated the practice as good overall for providing responsive services, however we have rated the population group of people whose circumstances make them vulnerable as outstanding for responsive services.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice engaged with patients at weekly tea and coffee mornings. As a result of patient feedback at these meetings a 12-week healthy living course was delivered. Topics included advising patients how to shop healthily on a budget and offering relaxing hand massages.</p> <p>Alongside five other GP surgeries the practice held two events per year at a local community centre. Around 25 stalls were on offer involving a range of health living initiatives including free fruit, the opportunity for on the spot health checks and the chance to 'make a pledge' to make one healthy change.</p> <p>A 'you said we did' board was displayed in the reception area which updated patients with changes to the practice following their feedback and the results of the national GP patient survey.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.am-6.pm
Tuesday	8am-6.pm
Wednesday	8am-6.pm
Thursday	7am-6.pm
Friday	7am-6.pm
Appointments available:	
Monday	8am-5.40pm
Tuesday	8am-5.40pm
Wednesday	8am-5.40pm
Thursday	7am-5.40pm

Friday	7am-5.40pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9052	419	68	16.2%	0.75%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.7%	90.6%	94.8%	No statistical variation

Any additional evidence or comments

The practice was a member of a federated healthcare group which offered extended access appointments at three 'hub' sites across the city, including at Picton Medical Centre. Appointments were available between 6.30pm and 9.30pm Monday to Friday and between 10am and 1pm on Saturday and Sunday. Patients could see a GP, nurse, physiotherapist, a mental health worker or a healthcare assistant. Wellbeing support, longer appointments and benefits advice was also available.

The practice was offering an increasing number of 'double' appointment times to meet the needs of complex patients. Patients were sent text messages to remind them of their appointments, including on the day of the appointment. Reminders were also sent to patients when events were planned.

The practice had carried out their own patient satisfaction survey between December 2018 and January 2019. A maximum of 36 patients answered each question.

80% of patients who answered the question said they could speak to a GP when they felt they needed to.

88% of patients who answered the question said they could speak to a practice nurse when they felt they needed to.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived. A quarterly review of this patient group was undertaken by a GP and the community matron.
- 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. Additional home visits were undertaken by the ANP and HCA to ensure that patients received the appropriate vaccinations.
- Patients in this age group were given access to a 'by pass' number to enable them to contact the practice in a timely manner.
- The social prescriber at the practice ensured that older patients were referred to the appropriate

voluntary care agencies and accessed a benefits adviser if necessary.

- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed at least annually in one appointment. A spreadsheet was in place which advised reception staff of the competencies of each member of the team and how long each review would take. This ensured that patients saw the right clinician and were given the appropriate length of appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available during extended access clinics 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. These concerns were also shared with the relevant people.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7am two days per week. Pre-bookable appointments were also available to patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available seven days per week. Patients could see a GP, nurse, physiotherapist, a mental health worker or a healthcare assistant.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- Each patient with a learning disability was allocated to a specific clinician whom they saw for each appointment in the same room to reduce any situational anxiety. A member of the team regularly reviewed their learning disability register with a contact within the local learning disability community team.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice had identified a number of 'hidden' homeless patients who whilst they had night time accommodation did not have a settled place of residence. We were told by a patient that services were adjusted to meet their individual needs.
- Homeless patients attending the practice were seen when they presented. Opportunistic screening was also carried out when the patient required it.
- Patients and vulnerable people were signposted to a local community food kitchen, which seven members of the staff team supported. The team also donated food, money, furniture and clothing to vulnerable patients and the local homeless population.
- Two members of staff at the practice were trained to offer foodbank vouchers. When the limit for the allocations of these vouchers had been reached, the staff team would provide food and clothing to individuals at their own expense. The practice would also liaise with the community matron where necessary to discuss home visits for these families and additional support.
- A small number of patients had been supported to attend benefit assessments, recognising the link between a settled financial position, housing and health issues.
- The practice manager had been involved in a steering group to produce an access guide to health services for eastern European patients. Interpreting services were available and staff could speak numerous languages relevant to the patient population.
- A 'bypass number' was given to patients who had additional or complex needs. One patient told us this had been invaluable when a relative was terminally ill.
- The practice donated items to the 'Red box project'. A nationwide initiative to provide free sanitary products to young people.
- Clinicians' doors were colour coded to enable patients with visual or language issues to orientate themselves around the practice. This was in response to patient feedback.

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. We saw that accredited training was planned for the month of our visit.

- The practice was very aware of a number of support groups within the area and signposted their patients to these accordingly.
- A thorough repeat medication system was in place to enable the practice to work around patients with mental health issues.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
The practice invested in the MJOG service which enabled them to send messages to patients regarding appointments and test results.	

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)	69.4%	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)	65.3%	57.7%	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)	65.8%	60.9%	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)	62.2%	66.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice monitored all the incoming calls to the practice. As a result of this, they were able to target busy periods and make sure that additional members of staff were on hand to answer the telephones.

The practice surveyed 100 patients to review their response to a plan to close the phone lines for 1.5 hours on a Tuesday to enable an effective administration meeting to take place. Of the 20% of patients who thought there may be some impact, the practice ensured it had a response to how they could continue to access services. For example, by promotion of online services. No issues had been noted following the introduction of this plan.

Source	Feedback
Friends and family test	Data taken from the NHS website in March 2019, showed that 100% of patients would recommend the practice to their family and friends.
NHS Website	The practice was rated 4.5/5 stars for telephone access and 4/5 stars for availability of appointments on the NHS website.
Patient comment cards	We received 39 patient comment cards on the day of inspection. Comments were positive regarding appointments and contacting the practice. Two patients noted that the phone lines could be busy.
Patient feedback	We spoke with seven patients during and after the inspection. Patients told us they could get an appointment when they wanted one and they were aware of online services.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined.	14
Number of complaints we examined that were satisfactorily handled in a timely way.	14
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 that verbal complaints were documented by the team and responded to.	

Example of learning from complaints.

Complaint	Specific action taken
Numerous complaints by one patient regarding a number of concerns	We saw that a patient who complained regularly was responded to appropriately and when further action was proposed the practice sought advice on how to manage the situation.

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

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

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: The practice had begun the process of reviewing and updating all their policies in line with the training which was being delivered and staff attended. We saw that changes were made to the whistleblowing policy as a result of this mapping exercise.	

We saw a supportive and motivational board with quotes, information and patient feedback displayed in the staff kitchen which was managed by a team leader.

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

Source	Feedback
Staff interviews	Staff told us that they felt supported by members of the management team and that they were approachable. We were told that training and development was available and that team members enjoyed their roles.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
We saw that staff were allocated identified areas of responsibility within the team. The staff we spoke with on the day of inspection were clear regarding their roles and responsibilities. Staff told us they felt very supported by the practice manager and could discuss any issues or concerns.	
Staff completed an annual quiz to support their understanding of their roles, responsibilities and governance of the practice.	

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	Yes

sustainability was assessed.	
<p>Explanation of any answers and additional evidence: A tailored incident management plan was in place for both locations.</p> <p>From 2016 onwards, the practice grew considerably in size when two additional locations were taken over by the practice. The demand for appointments and availability was reviewed by the team and additional clinicians were engaged to meet demand.</p>	

Appropriate and accurate information

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

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

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
<p>The practice had a health champions group who attended awareness programmes, assisted in managing awareness and health promotion sessions and spent time in the reception area undertaking surveys and directing patients to resources and support.</p> <p>On the day of inspection, a member of the group was undertaking a survey in the reception area. Of the nine patients surveyed, eight patients rated the practice good to excellent. One patient wanted staff to have more training so that they had a better understanding of patients' problems.</p> <p>Sessions held in the practice included fire awareness sessions for patients run by the fire service.</p> <p>The health champions were currently working with the practice manager to review how they could</p>

improve sexual health services and reduce unwanted pregnancies in the patient population. We were told the practice staff were professional, caring and friendly.

Patients were encouraged to join groups and meetings at the practice.

Any additional evidence

The practice proactively reached out to the wider local community and was involved in a number of local and national initiatives to support individuals and their families.

A quarterly newsletter included information and tips for patients.

Health promotion, coffee mornings, and self-care events were regularly held and refreshments such as drinks and fruit bags offered to encourage uptake.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was supporting two key members of staff to develop their competencies and undertake advanced roles.	

Examples of continuous learning and improvement

The practice was part of a local community partnership which involved working together with other GP practices to improve the health of the community.

The practice was part of a federation group of GPs and managers would also liaise with and attend meeting at the CCG to discuss issues relating to services in Bradford.

Leaders at the practice were involved in several proactive initiatives and the practice manager was involved in a care navigation project.

Staff at the practice were supported to develop their roles and competences. For example; we saw that one staff member was being supported to develop leadership skills and the practice pharmacist was being supported to undertake advanced practitioner training.

The practice had a 'Top Tips box' within the computer system where staff were made aware of alerts and could also access useful tips and information. These 'top tips' were also reviewed and discussed in clinical meetings.

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.