

Care Quality Commission

Inspection Evidence Table

Belgrave Medical Centre (1-595197828)

Inspection date: 15 March 2019

Date of data download: 05 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The policy for safeguarding vulnerable adults did not include all categories of abuse. For example, female genital mutilation (FGM), modern slavery and human trafficking. Following our inspection, the practice forwarded to us policies specific to these categories of abuse. • The practice told us they carried out an annual review of all their policies. Updated policies were added to the practice's computer system and paper copies placed in a designated place for staff to access. However, policies were not dated to ensure a correlation between online and paper policies. From the policies sent to us following our inspection we saw that the practice had dated and added a review date to their policies. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role. However, risk assessments had not been completed for staff who had refused hepatitis B immunisation or for staff who had failed to acquire immunity to hepatitis B despite vaccination. Staff we spoke with clearly described the processes they followed to minimise the risks to themselves and patients in the absence of hepatitis B immunity. Following our inspection, the practice forwarded to us the appropriate risk assessments. 	

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 21 June 2018
There was a record of equipment calibration. Date of last calibration:	Yes 1 August 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes September 2018
There was a log of fire drills. Date of last drill:	Yes 22 February 2019
There was a record of fire alarm checks. Date of last check:	Yes 15 March 2019
There was a record of fire training for staff. Date of last training:	Yes Various
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 22 February 2019
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Two fire marshals had been appointed by the practice. We saw that they had both completed the required training to carry out this role.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 11 January 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes See below
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Electrical safety checking had been completed on 7 and 16 March 2019. Gas safety checks had been completed on 2 October 2018. • Emergency lighting had been tested on 7 March 2019. • Testing of the intruder alarm was carried out on 4 January 2019. • Risk assessments for the Control of Substances Hazardous to Health Regulations (COSHH) 	

were in place.

- A legionella risk assessment had been completed on 7 December 2018. Monthly hot and cold-water outlet temperature testing and weekly running of taps was carried out to minimise the presence of legionella.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	4 June 2018
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice carried out spot checks to ensure that cleaning within the practice was carried out in line with the cleaning schedules. Where issues were identified we saw that the practice took action to address them.	

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> <ul style="list-style-type: none"> The practice employed a legal compliance officer who monitored and had oversight of health and safety issues within the practice. We saw that non-clinical staff had protocols providing clear guidance if they encountered a deteriorating or acutely unwell patient. For example, severe chest pain or sepsis. However, non-clinical staff had not been provided with formal training for sepsis. 	

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>The practice carried out an annual peer review of GP referrals to monitor the appropriateness of the referral.</p>	

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>	1.03	1.02	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>	5.3%	6.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	4.60	5.25	5.64	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	2.81	2.16	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
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	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Not applicable
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
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • An effective system for monitoring patients prescribed high risk medicines was in place. It included the blood result parameters and contact numbers for advice if they were breached. • A formal system for monitoring the prescribing competence of nurse prescribers by clinical supervision or peer review was not in place. However, nurses who prescribed told us they had received emails, or GPs had held discussions with them, if a GP had opportunistically reviewed their consultations and had identified areas for improvement. 	

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:	32
Number of events that required action:	12

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Flu vaccine administration error. Four patients over 65 years of age were administered the flu vaccine for patients under 65 years old.	The practice contacted Public Health England for advice. Patients were contacted and offered the appropriate vaccine. The practice changed how they organised the flu clinics to ensure over 65 years old were seen separately from under 65-year olds.
Two urgent two week wait referrals for patients with possible cancer were delayed due to administration delay.	It was discussed with the staff member involved. Protocols for ensuring two week wait referrals were made appropriately were amended and staffing hours increased to ensure the demand of referrals was met.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was an effective system in place for receiving and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts. We checked the practice's computer system to ensure a MHRA alert, issued in November 2018, regarding the risk of skin cancer associated with the long-term use of a medicine used in the management of high blood pressure had been acted on. We saw that it had and the required actions had been carried out. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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 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>	1.02	0.91	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice held a list of older patients on their proactive hospital admission avoidance register. The admissions avoidance facilitator ensured these patients were followed up if they were discharged from hospital. The practice 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.
- The practice proactively followed up patients over 75 years of age if they had not been seen in the previous 12 months.
- Alternative Thursdays, a practice nurse organised walks for older patients around the local area to improve their fitness and reduce social isolation.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual or six-monthly 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 in the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered in-house ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients in the pre-diabetic stage were referred to specialist services to receive life style advice. For example, DESMOND (the collaborative name for a family of group self-management education modules, toolkits and care pathways for people with, or at risk of, diabetes).

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>	84.7%	74.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.0% (121)	9.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.4%	75.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.3% (101)	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>	80.8%	80.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.6% (118)	11.8%	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>	78.2%	77.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (6)	5.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.5%	88.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.2% (11)	9.8%	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>	81.0%	81.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.7% (89)	3.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.8%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (5)	5.1%	6.7%	N/A

Any additional evidence or comments

We reviewed the areas of higher exception reporting for patients with diabetes. We found that they had been appropriately exception reported.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice offered flu and whooping cough immunisations to pregnant women.
- 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 within the practice. For example, the Developing All Sexual Health (DASH) service. The practice was also a C-card distributor, providing quick and easy access to free condoms from a range of venues across Stoke-on-Trent and North Staffordshire.
- The practice provided booklets to parents on the management of childhood illness.

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>	143	148	96.6%	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>	131	136	96.3%	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>	131	136	96.3%	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)	130	136	95.6%	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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the practice.
- The practice's cervical screening rate was above the Clinical Commissioning Group (CCG) and national average but below the national target of 80%. The practice told us there was a system of recall for patients that did not attend their screening and we saw there were alerts on patients' records for practice nurses to offer opportunistic screening.

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)	76.3%	70.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.1%	71.3%	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)	54.4%	53.0%	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)	72.2%	72.0%	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)	67.1%	59.8%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers, carers 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. Referrals were made to local substance misuse services.
- Patients with a learning disability were offered annual health reviews.

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.
- 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.
- The practice hosted Child and Adolescent Mental Health Services (CAMHS) at the practice for young people experiencing poor mental health.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.2%	84.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.4% (4)	9.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.1%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (1)	7.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.9%	79.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (6)	7.0%	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)	556.0	535.2	537.5
Overall QOF exception reporting (all domains)	5.8%	5.5%	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:

- An audit of patients with cancer, through emergency presentation or late diagnosis, was carried out to determine if a pathway could be developed to improve the earlier detection of cancer. The first audit cycle identified a total of eight patients diagnosed with cancer through emergency care routes. In five cases nothing could have been done differently. In the remaining three cases suggestions of how care could have been different were discussed. However, the panel agreed that in each case the treatment and outcomes for the patients would have been the same. The second cycle identified a total of eight patients diagnosed through emergency routes. In six cases it was decided nothing could have been done differently. In the remaining two cases, suggestions how care could have been provided differently were discussed. However, the panel agreed in each case the treatment and outcomes for the patients would have been the same. It was agreed that clinicians would attend any cancer updates as and when they become available to allow them to keep up to date.
- An audit was carried out to increase the identification of patients with chronic kidney disease (CKD) against expected prevalence and ensure they were offered the appropriate treatment. Following the audit recommendations were made to improve the identification of patients with CKD and the treatment they were offered. Recommendations included:
 - Adding new patients to the CKD register
 - Inviting patients for blood tests where necessary to determine renal function.
 - Adding diagnosis codes to patients' records when blood results were received.

The practice had a plan of audits for 2019 to monitor the effectiveness of the service they provided. Examples of planned audits included minor surgery and the fitting and removal of contraceptive implants.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had clearly defined the essential training required for each staff group and the frequency of training renewal. • The practice held six-monthly staff development days to support staff to carry out their roles. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice recognised the benefits community projects had on the local population's health and wellbeing. In response to this, the practice had established a practice fund, funded by the private work carried out by the GP partners, to support local community groups. Local community groups were encouraged to bid for money from the fund, up to £500, to support their work. In the previous 12 months the fund had provided finance to two projects. 'The Pink Ladies', a breast cancer support group, working with the local hospital, to provide ongoing support for women diagnosed with breast cancer. They had also provided financial support to a local nursery to purchase additional play equipment. The practice had recently joined the local Clinical Commissioning Group (CCG) social prescribing pilot to support the wellbeing of patients through non-medical interventions. 	

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>	97.2%	95.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (6)	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: <ul style="list-style-type: none">An effective system was in place to support Gillick competence assessments for young people.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	17
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS website	There were two, five-star rated comments on the website stating the practice was always there when you needed them and it offered a quick and efficient service.
CQC comment cards	Patients told us staff were respectful, polite, helpful and friendly. They told us they felt listened to and were treated with dignity and respect. There was mixed feedback on one comment card regarding the lack of support provided for a patient's medical condition. This was not a common theme however across the other comment cards we received.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12140	268	107	39.9%	0.88%

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)	97.0%	88.4%	89.0%	Variation (positive)
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)	94.7%	86.5%	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)	99.1%	94.9%	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)	93.5%	83.1%	83.8%	No statistical variation

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

Any additional evidence
The patient participation group had carried out a patient survey in 2018. Three-hundred questionnaires were returned. The survey showed that 96.7% of respondents thought that clinicians listened and understood their needs.

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: <ul style="list-style-type: none"> The GPs spoke languages in addition to English and all staff had access to a telephone translation service. 	

Source	Feedback
CQC comment cards.	Patients told us there was good access to appointments with on the day access when required.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.6%	92.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice nurses used on-line, easy read format leaflets to explain cervical screening for patients with a learning disability. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 56 patients as carers. This was approximately 0.5% of the practice population.
How the practice supported carers.	Carers were offered an annual physical health review and flu immunisations.
How the practice supported recently bereaved patients.	When the practice was made aware a patient had recently been bereaved, a member of the administration team telephoned the patient to offer support and a GP appointment if required. They also sent leaflets signposting patients to bereavement support services available in the area.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a confidentiality barrier in place by the reception desk to ensure patients' conversations were not overheard. A dedicated confidentiality room was available if patients wished to discuss issues in private. Telephone calls were handled away from the reception desk to ensure conversations with patients were confidential. 	

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:	
<ul style="list-style-type: none"> Patients could request appointments with their preferred GP or advanced nurse practitioner. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6:30pm
Tuesday	8am - 6:30pm
Wednesday	8am - 6:30pm
Thursday	8am - 1pm
Friday	8am - 6:30pm
Appointments available:	
Monday	8am – 12pm and 2.30pm – 6.30pm
Tuesday	8am – 12pm and 2.30pm – 6.30pm
Wednesday	8am – 12pm and 2pm – 6.30pm
Thursday	8am – 1pm
Friday	8am – 12.15pm and 2pm – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12140	268	107	39.9%	0.88%

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)	93.5%	93.9%	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 maintained a register of housebound patients to ensure home visits were provided when needed.
- Priority access appointments were available for all patients on the proactive hospital admissions avoidance register.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment if appropriate. The practice operated an annual recall system based on month of birth.
- The practice regularly liaised with the Integrated Local Care Team (ILCT), a team that included health and social care professionals 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.
- The practice signposted patients to 'Stop Smoking' clinics if they needed support with smoking cessation.
- Anticoagulation testing and monitoring was offered as an enhanced service at the practice for patients prescribed warfarin.

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.
- The practice used social media to offer health promotion advice to younger people.

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, online booking of appointments, ordering of prescriptions and access to medical records.
- The practice offered clinics from 8.30am until 6.30pm to support working aged patients. Pre-bookable appointments were also available to all patients at additional locations within the area through the acute visiting service.

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, carers, asylum seekers 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 liaised with the asylum team to support asylum seekers.
- Staff received annual training from the local learning disability team to help them to effectively support patients with 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.
- Staff had received training to become Dementia Friends.
- Staff had carried out dementia walks of the practice to identify areas for improving the practice environment for patients with dementia. Changes made to the practice included replacing names on the doors of consultation rooms with numbers for easier recognition, placing posters at a set eyelevel to aid a patient's visual field to avoid visual overstimulation and changing the outline of doors from light to dark to reduce sensitivity to differences in contrast of colour.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice provided care and treatment to patients living in five different care homes. We spoke with the managers of two of these care homes. They told us the practice was very responsive to their requests for home visits and repeat prescription requests. They told us they had easy access to speak with a GP and that GPs were very supportive. They clearly explained everything to the home to ensure they were involved in decisions about the care provided to patients. 	

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)	87.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.5%	68.5%	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)	84.7%	68.7%	65.9%	Variation (positive)
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)	89.7%	76.1%	74.4%	No statistical variation

Source	Feedback
Interviews with managers from two care homes.	Managers told us that they were always provided with appointments for patients and home visits were always provided promptly when requested.
Interview with a representative from the Patient Participation Group (PPG).	The PPG informed us that appointments were provided on the day of request or the day after.
PPG survey 2018	Three-hundred questionnaires were returned. The survey showed that 89.6% of respondents were satisfied with the ability to get an appointment and 89.7% with the ability to get through on the telephone.

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.	Eight
Number of complaints we examined.	Six
Number of complaints we examined that were satisfactorily handled in a timely way.	Six
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

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

Examples of learning from complaints.

Complaint	Specific action taken
A patient was unhappy they had been removed from the practice list.	A change in processes was made to avoid any further, inappropriate patient removals by the registration department.
A patient complained they had attended the open flu clinic and that there were no vaccines available.	The patient was given an apology for the inconvenience and offered a home visit to receive the vaccine. Changes to the way the future clinics were organised were also made.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was due to merge with another practice in April 2019. It was clear through conversations with the management that they had identified the challenges and actions needed. For example, the need for increased translation services, more formal clinical supervision meetings, improved management of high-risk patients and increased engagement with all staff throughout the merger.• Results from the 2018 staff survey showed that out of 27 staff surveyed, 17 were very satisfied with the leadership and 10 were satisfied.	

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: <ul style="list-style-type: none">• The practice's statement of purpose was: 'Working together as a team to provide quality healthcare services for the health improvement and continuing welfare of the patients registered with the surgery'.• The practice had established targets and a strategic direction. For example, to stabilize the practice and increase the list size by 2%. We saw that in November 2018 a planning and development update session had been carried out with all staff to enable the practice to work together to achieve the strategic direction and identify each staff member's role in achieving it.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Leaders strove to motivate staff to succeed. Six monthly staff development sessions were held at the practice. As a result of the planning and development session held in November 2018, the practice had identified five ways in which staff behaviour could support the culture within the practice:</p> <ul style="list-style-type: none"> • Be helpful. • Be conscientious. • Be accountable. • Be persevering. • Be reliable. 	

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

Source	Feedback
Staff interviews	The staff we spoke with told us there was a very strong culture of openness and transparency within the practice. They told us that staff at all levels were actively encouraged to provide feedback through the annual staff survey and the staff suggestion box. They told us there was a no blame culture and they were proud to work at the practice.
Staff survey 2018	Results from the staff survey showed that out of 27 staff surveyed, 16 were very satisfied with change and innovation and 11 were satisfied.

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.	Partial
Staff were clear about their roles and responsibilities.	Yes

There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Updated policies were added to the practice's computer system and paper copies placed in a designated place for staff to access. However, policies were not dated to ensure a correlation between online and paper policies. The practice informed us they would date all their policies to ensure all staff accessed the most up to date policies. We saw that the revised safeguarding policies sent to us following our inspection were dated and contained planned review dates. Staff had clearly defined lead roles and staff were aware of who to go to for support. The practice used external systems to share learning externally with the CCG and other local practices. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that when the practice had identified performance inconsistent with professional standards, they had informed the appropriate professional body. 	

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	Yes

entails.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice employed a legal compliance officer one day a week who monitored and had oversight of health and safety issues within the practice. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice carried out an annual staff survey to seek out the views of staff. Where required changes were made to the delivery of the service. For example, a weekly meeting for receptionists had been introduced to discuss administrative issues within the team and a staff code of conduct to support staff had been developed. We saw that all staff had signed up to the code and it was clearly displayed throughout the practice. 	

Feedback from Patient Participation Group.

Feedback
Prior to our inspection, we spoke with a member of the patient participation group (PPG). They told us the practice shared information regarding the future plans for the practice with them and they felt very valued. They told us that the practice listened to their concerns and acted on them. For example, the PPG had expressed concerns that patients were concerned that if they missed the visual notice informing them to go through to their appointment that they may miss their appointment. In response to this, the practice introduced an audible announcement in addition to the visual notice.

Any additional evidence
<p>The practice used feedback from the NHS Friends and Family test to monitor patient satisfaction. Over the period of April – September 2018, the practice had received 600 questionnaires stating how likely patients would recommend the service to their friends and family:</p> <ul style="list-style-type: none"> 75.5% were extremely likely to 21.5% were likely to 2% were neither likely or unlikely 0.3% were unlikely 0.3% were extremely unlikely 0.3% did not know. <p>Where negative comments were received we saw that the practice had responded to them or made</p>

changes to the service. For example, a comment was receiving requesting that the practice's website be updated to include bank holiday opening times for alternative services. The practice advised that they posted closure times on a social media website and in the reception area, however they were exploring adding this information to their website.

Positive comments related to an overall excellent service, good appointment availability and helpful GPs and staff.

The PPG carried out a patient survey in July and August 2018, 300 questionnaires were returned. The results of the survey showed high levels of satisfaction in all areas of the survey. The highest levels of satisfaction related to the clinician listening and understanding patient needs, 96.7%, and the lowest levels of satisfaction related to the patient being seen on time, 86.9%. Overall satisfaction was high with 95% of patients being very satisfied or satisfied with the practice and the services offered. Where patients raised concerns, the practice had responded to them. For example, a patient had commented that higher chairs were needed in the waiting room for patients with reduced mobility. In response to this the practice had purchased raised chairs.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice held six-monthly staff development days to support staff to carry out their roles. 	

Examples of continuous learning and improvement

- Innovative approaches were used to work with other organisations to improve care outcomes for people and tackle health inequalities. The practice had established a practice fund, funded by the private work carried out by the GP partners, to support local community groups. Local groups were encouraged to bid for money from the fund, up to £500, to support their work. In the previous 12 months the fund had provided finance to two projects. 'The Pink Ladies', a breast cancer support group, working with the local hospital, to provide ongoing support for women diagnosed with breast cancer. They had also provided financial support to a local nursery to purchase additional play equipment.
- To improve the environment of the practice for patients with dementia, dementia walks of the practice had been carried out. Changes made to the practice included replacing names on the doors of consultation rooms with numbers for easier recognition, placing posters at a set eyelevel to aid a patient's visual field to avoid visual overstimulation and changing the outline of doors from light to dark to reduce sensitivity to differences in contrast of colour.
- Following the death of a 75-year-old patient, who had not been seen by the practice for over two years, the practice introduced a system of offering all patients over 75, who had not been seen at the practice for 12 months, a health check.

- The practice was participating in a pilot for social prescribing initiated by the local Clinical Commissioning Group.
- Nurses were supported to deliver new ways of providing care and treatment to patients. For example, a practice nurse had developed a post minor surgery information sheet for patients informing them what to expect following the surgery and the actions to take if they had concerns. Another nurse had introduced a system for testing, recording and acting on the results of urine samples to ensure patients received quicker and more effective care and treatment.

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.