

Care Quality Commission

Inspection Evidence Table

Warley Medical Centre (1-568412042)

Inspection date: **14 March 2019**

Date of data download: 13 March 2019

Overall rating: add overall rating here

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> • Staff demonstrated clear awareness of their responsibilities around reporting incidents if they suspected a concern. The practice had policies and processes to support staff in this area, however some of the clinical staff were unaware of how to access the policies. • The practice held a register of children who were at risk and had safeguarding concerns, however the practice were unable to demonstrate that the list was up to date. The practice did provide evidence to demonstrate that multi-disciplinary team meetings were held. • The GPs and nursing staff were trained to level three and the administration team had completed level two training. • Multi-disciplinary team meetings were held every month. The health visiting team were based at the premises and attended regular meetings with the practice team. 	

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

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: 13 March 2019	Y
There was a record of equipment calibration. Date of last calibration: 13 February 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 01 March 2019	Y
There was a log of fire drills. Date of last drill: 24 January 2019	Y
There was a record of fire alarm checks. Date of last check: 11 January 2019	Y
There was a record of fire training for staff. Date of last training: 24 January 2019	Y

There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 29 March 2018	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The fire alarms were tested on a weekly basis and we saw evidence of checks that had been completed. Maintenance of the fire alarms was completed by a professional company every six months. • The latest fire risk assessment had identified that some of the fire doors required repairs. We saw evidence to confirm that this action had been completed in June 2018. • The practice had a total of 12 fire marshals and due to the size of the building, a plan of six areas had been implemented and each fire marshal had been given an area in relation to where they work to ensure their route was clear. • The Chiropody department was situated on the second floor of the building, difficulties for patients in accessing the stairs in an emergency had been identified as a concern as the lift would be inaccessible. The practice had purchased an evacuation chair and ten members of staff had been trained in the use of the chair to safely support patients with mobility difficulties down the stairs. We saw evidence to confirm the training had been completed on 9 October 2018. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 11 December 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: range of dates in place	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A range of health and safety risk assessments had been completed. For example: During September 2018 an electrical safety review had been completed and a manual handling of clinical waste had been completed to ensure all risks were mitigated. • A Legionella risk assessment had been completed on 24 January 2019 and maintenance of the water systems was carried out by a risk management company every 12 months. • COSHH (Control of Substances Hazardous to Health) risk assessments were in place for hazardous substances in use at the practice. Data sheets we viewed showed a range of risk assessments had been completed including cleaning products used in practice and liquid nitrogen which was used for minor surgery procedures. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 19 October 2018	99% Achievement
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> All staff completed the relevant training for their role through the online training system in place. The latest infection prevention audit identified one area that required action. The sink overflow was not forming to compliance. The practice told us this had been discussed with the landlords to have the sinks changed. 	

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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the	Y

impact on safety.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff were trained to cover each other's roles to ensure continuity of duties in the event of staff absence. Nursing staff told us they felt they required extra support during busy periods with the retirement of one of the experienced nurses. • Staff rotas were in place and to improve patient satisfaction extra staff were in place during peak hours to answer the telephones • Staff we spoke with demonstrated that they understood how to prioritise patients who reported signs and symptoms of sepsis. All staff had completed training relevant to their role and we also saw information on display to guide staff on how to manage patients presenting with sepsis symptoms. A sepsis awareness meeting had been held in the practice on November 2018 to discuss with administration staff the approach to take when patients present with symptoms. 	

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented their own clinical templates for the review of patients to ensure all clinical indicators were met and patients received the appropriate management of their conditions. The templates promoted patient safety through prompts for clinicians during consultations to ensure referrals and investigations were completed.</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) (NHS Business Service Authority - NHSBSA)	1.13	0.98	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.6%	5.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.88	5.16	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) (NHSBSA)	1.56	1.77	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The GPs had been working together to reduce the number of antibiotics being prescribed. The latest audit showed antibiotic prescribing had improved and the practice had seen a decrease in the past two years of appropriate prescribing overall. • Antimicrobial guidelines were displayed in all consulting rooms and all new GP registrars training at the practice received teaching sessions on appropriate prescribing. • Antibiotic awareness posters were on display on patient information boards in the waiting areas. 	

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	12
Number of events that required action:	12
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice were proactive in identifying and reporting to support a learning culture. Significant events were recorded by staff on the relevant form and submitted to the practice manager. On speaking to staff they were aware of the system and how it worked. All significant events were discussed at staff meetings every three months. 	

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

Event	Specific action taken
Patient discharged from hospital with wrong medicine	<ul style="list-style-type: none"> The patient was discharged with a medicine that they did not require. The GPs reviewed the patient's blood results and there was no evidence to support the patient required this medicine. On reviewing the discharge letter, there was no reason for this medicine being prescribed. The practice cross checked the new medicines with the records and blood results of the patient and contacted the hospital to find out why this medicine was required.
Locum clinical staff attempted to issue the wrong brand of medicine. The medicine clerk was asked to print, but noticed it was an unusual brand to be prescribed.	<ul style="list-style-type: none"> On receiving the request from the locum staff, the medicine clerk checked with one of the practice GPs as they were unaware of the brand requested. The GP confirmed it was the wrong medicine to prescribe. The mistake was clarified with the patient and the appropriate medicine was prescribed. A process was implemented to ensure staff seek guidance from the GPs when asked to print medicines by a locum.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice operated a process for receiving and disseminating safety alerts throughout the practice. Alerts were received by the practice manager and the practice secretaries. The alerts were shared with the clinical team and the clinical lead for prescribing completed audits to identify patients that may be at risk. • We saw searches carried out to identify female patients of child bearing age in which exposure to a certain medicine increased risks during pregnancy. The practice provided information which they shared with identified patients regarding risks and the need to avoid exposure during pregnancy. • Alerts were discussed at management meetings every week to discuss actions taken. 	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had implemented GP review clinics for patients who required a follow up appointment to ensure continuity of care for the patient. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.35	0.75	0.81	Variation (positive)

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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The duty doctor facilitated prompt same day access to clinical advice and direction for district nurses for the management of housebound patients with complex needs.

- The practice had a higher prevalence for disease than the national average due to the elderly population group registered. (Prevalence is a statistical concept referring to the number of cases of a disease that are present in a particular population at a given time). For example: the practice prevalence for cancer was 3.3% in comparison to the national prevalence rate of: 1.9%

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice held regular DiCE (Diabetes in Community Extension) clinics with the support of a diabetic consultant and specialist diabetes nurse to support patients with complex diabetes needs. The practice nurse had also been trained in the initiation of insulin.
- 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.
- To support patients who required compression dressings, the district nursing team ran inhouse clinics at the practice.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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>	84.8%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.5% (59)	11.2%	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>	79.0%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.4% (13)	8.8%	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>	84.5%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (51)	11.4%	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>	82.9%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (5)	4.5%	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>	94.3%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.6% (5)	12.7%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	90.2%	81.4%	82.6%	Variation (positive)
Exception rate (number of exceptions).	1.0% (21)	4.3%	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) (QOF)	94.2%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (2)	5.4%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Practice performance for the uptake of childhood immunisation rates were above World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	102	108	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	128	129	99.2%	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) (NHS England)	126	129	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	129	129	100.0%	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.
- The practice ran an inhouse minor surgery clinic to reduce hospital waiting times.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who	72.2%	65.8%	71.7%	No statistical variation

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	67.6%	64.2%	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)	57.0%	42.1%	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)	53.6%	65.8%	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)	62.7%	50.0%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medicines. This included weekly prescriptions for patients to ensure the appropriate monitoring and management was in place.
- 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.

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>	96.4%	91.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.3% (5)	13.5%	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>	98.2%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (5)	10.9%	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) <small>(QOF)</small>	82.4%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (5)	6.8%	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)	557.9	538.1	537.5
Overall QOF exception reporting (all domains)	3.9%	6.2%	5.8%

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

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

The practice ran various audits on a regular basis. A range of completed audits were provided as part of our inspection, each of which demonstrated improved outcomes to patient care and improvements in practice systems and processes. The practice had completed a two-cycle audit of their methotrexate monitoring (Methotrexate is a medicine that is used to treat a number of conditions, including rheumatoid arthritis). The first audit in July 2017 showed the practice had 47 patients on methotrexate for a range of conditions. A review of the patients' records were completed, which included medicine reviews, blood test results, near patient testing reviews and secondary care correspondence. The results showed that blood results were not recorded in all patients records as per recommended guidelines. A second audit was completed in July 2018 which showed 42 patients had been prescribed methotrexate and 100% of patients had records of regular blood tests which had been documented in their medical records.

Any additional evidence or comments

The practice had a system in place for clinical oversight and ongoing monitoring for QOF. We saw that the practice ran regular reports on their patient record system to monitor QOF performance.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

- Appraisals had been completed for all staff and a review of staff training needs had been completed. The management team monitored staff training and when updates were required.
- Clinical staff were allocated time for study leave and to attend training sessions.
- The practice had been a training practice for GP registrars for many years and six of the GPs working at the practice had previously trained there.
- We spoke with one of the salaried GPs on the day of inspection who told us that they received support and protected learning time for development.

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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: We saw evidence to support that regular multidisciplinary meetings took place with community services. This included liaison and joint working with health visitors and district nurses. Safeguarding, palliative and end of life care was discussed in these meetings in addition to vulnerable patients and patients with complex care needs.	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health,	Y

for example, stop smoking campaigns, tackling obesity.	
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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>	98.5%	95.7%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.4% (12)	0.7%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards

Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	All of the comment cards contained positive comments about the staff who were described as helpful, professional, caring and friendly. Some of the comments received highlighted the excellent care they had received.
Interview with patients	We spoke with two patients on the day of our inspection. Patients told us that they were happy with the care they received.
NHS Choices	The practice had received a two out of five-star rating based on 30 reviews. The most recent comments highlighted the difficulties in accessing the service.
Friends and Family Test	The latest results from the Friends and Family test in February 2019 showed the practice had received 75 responses which demonstrated 85% of patients would recommend the practice to others.

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
11287	341	138	40.5%	1.22%

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)	89.4%	83.4%	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)	83.1%	81.3%	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)	95.7%	93.0%	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)	85.4%	75.5%	83.8%	No statistical variation

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

Any additional evidence
The practice used the comments from the Friends and Family Test to highlight the feedback received from patients. The results and comments were displayed on the practice website.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
CQC comment cards	Patients told us they were listened to and everything was clearly explained.
Interviews with patients.	Patients we spoke with told us they felt they were involved in their care and treatment and the staff listened to their concerns and offered support where necessary.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.7%	89.4%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	93 carers on the practice register. This represented 0.8% of the practice population.
How the practice supported carers.	<ul style="list-style-type: none"> • A carers noticeboard was in place in the waiting area with details of local support available. • Young carers information was also available on the noticeboard. The practice told us that information of local support organisations is sent to the family. • Staff we spoke with explained that carers were provided with advice; offered flu vaccinations and health checks. Evidence provided by the practice showed all the patients on the carers register had been invited for a health check and a total of 30 had accepted the invitation.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • Appointments are offered with the GP to offer advice. • The practice signpost families to local support services available.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm open until 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 11.40am/3.30pm to 5.20pm At 6.30pm one late appointment was available with each GP partner
Tuesday	9am to 11.40am/3.30pm to 5.20pm
Wednesday	9am to 11.40am/3.30pm to 5.20pm
Thursday	9am to 11.40am/3.30pm to 5.20pm
Friday	9am to 11.40am/3.30pm to 5.20pm
	Appointments were available at local hub from 6.30pm to 8pm and at weekends

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11287	341	138	40.5%	1.22%

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)	92.7%	92.4%	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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: add rating

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The health care assistant carried out home visits for patients who were unable to attend the practice.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 6pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five years were offered a same day appointment when necessary.
- Antenatal and post-natal checks were carried out at the practice with midwife support.

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 until 8pm on Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available 6.30pm to 8pm Monday to Friday, 9am to 12pm Saturday 9am to 11am Sunday.
- The practice had increased their online appointments availability to offer more choice to working age patients.
- The practice actively used the electronic prescribing service (EPS) so that prescriptions could be electronically sent to a pharmacy chosen by patients.

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 and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice provided annual health checks to patients with a learning disability and offered longer appointments for those who needed them.

**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.
- A counselling service was available at the practice twice a week. Patients could be referred to this service by the GPs.

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	32.7%	58.0%	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	43.1%	58.3%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	53.6%	62.0%	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	66.7%	65.8%	74.4%	No statistical variation

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

Any additional evidence or comments
<p>The practice had reviewed the results of the national patient survey and had implemented changes to try and improve patient satisfaction for accessing the practice and appointment availability. This included:</p> <ul style="list-style-type: none"> • The practice had updated the call waiting message on the telephone system to direct patients to appropriate times to access services and to decrease the amount of calls at peak times. For example, test results. • More staff were available to answer the phone lines during the busy periods. • Extended hours appointments had been implemented through the hub service at Portway Family Practice. • The practice had increased the number of online appointment availability. Patients had been encouraged to use the online booking system and currently had 4000 patients now signed up for online booking.

Source	Feedback
Patient interviews	The two patients we spoke with on the day of inspection told us they use the online booking system and have had no difficulties in securing appointments through this process.
NHS Choices	The most recent comments on NHS Choices were negative concerning access and the difficulties in getting through to the practice by 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.	13
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Information on how to make a complaint was available from the reception desk. A complaints policy and poster were also on display in the patient waiting area. • The practice management team were able to demonstrate that complaints were being used to 	

drive continuous improvement. A complaints log was kept which identified learning outcomes, action plan and the root cause analysis to ensure patient satisfaction was improved.

- All complaints were documented and responded too in a timely manner and shared with the practice team.

Example(s) of learning from complaints.

Complaint	Specific action taken
Telephone and appointments system and having to bring in identification for on line booking set up	<ul style="list-style-type: none"> • To reduce waiting times on the telephone, the practice had increased the number of online appointments. • Patients had been encouraged to sign up to the online booking system. • Staff numbers had been increased at peak times to manage demand. • An explanation of the registration procedures to use the online booking were shared with patients.
Patient unhappy with consultation	<ul style="list-style-type: none"> • A review of the concerns were discussed with the clinical team. • An appointment was made with the clinician to discuss the patient's concerns. • Clinicians were to ensure patients are given a clear understanding of their care and treatment.

Well-led

Rating: Good

Leadership capacity and capability

Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found the management team were aware of the challenges faced within the local community due to the elderly population and higher disease prevalence. The practice had a realistic strategy and supporting objectives to respond to these challenges as well as maintaining quality and sustainability. Staff we spoke with explained that the partners and managers were visible and approachable. Staff described the practice team as supportive. Partners demonstrated a genuine passion to tackle health inequalities and there was a systematic approach with strong governance arrangements when working with stakeholders to improve care outcomes. The practice had a succession plan which had been implemented with the retirement of one of the long term GP partners. A new GP Partner had been appointed and a new salaried GP had also been recruited to support the existing clinical team. 	

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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice vision was to provide: Provide high quality clinical care for the patient population close to their home in a familiar environment and act as the patients advocate. Staff we spoke with demonstrated clear understanding of the practice vision, value and strategy and applied this in their role. 	

- The GP partners, senior nurse and management team met on a weekly basis to monitor delivery of the strategy and identify actions.

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We found the majority of staff to be positive about working at the practice and the support they received. There was a positive attitude throughout the entire workforce which enabled the smooth running of the practice. Some of the staff we spoke with explained that more staff were required to reduce the burden on existing staff and provide a quicker service for patients. 	

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

Source	Feedback
Staff	Nursing staff told us they were unable to have regular meetings due to their workload and the retirement of one of the senior nurses. They were holding adhoc meetings where possible, but there was no planned schedule. The last meeting had been held in December 2018.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a leadership structure in place which was supported by clear lines of accountability. • The practice had a system in place to ensure all staff were clear on their roles and responsibilities. Induction plans for new staff were tailored to the individual and there was a clear structure and accountability process in place. 	

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had processes in place to manage performance and risk and during the inspection we saw evidence to confirm that these were monitored on a regular basis. • There was a system of continuous audits within the practice to mitigate risks and to improve patient outcomes • Critical incident guidelines were on display for staff in the reception area to provide them with the details of who to contact if an emergency rose. 	

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

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used the results from the National GP Patient Survey, the NHS Friends and Family Test (FFT) to analyse patient feedback. The practice used the results to form action plans where improvement was needed and to also share positive feedback with staff. • We saw evidence of regular meetings happening within the practice where staff could contribute towards the planning and delivery of services. Meetings included weekly meetings for the clinical team, monthly federation meetings and practice meetings which occurred every four to six weeks. • The PPG told us 10 members attended the last meeting. The group met on average every three months. The members we spoke with said changes within the practice were discussed with the group. 	

Feedback from Patient Participation Group.

Feedback

The two members of the PPG we spoke with during the inspection told us that the practice acted on concerns raised. For example: The PPG had raised an issue concerning the lack of GPs who attended the meetings. This was discussed with the practice manager and a GP has been confirmed to attend every other meeting.

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.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found an effective process in place to ensure all staff were up to date with the practice's mandatory training. Staff told us they were given the opportunity to develop and learn. • The practice had been a training practice for GP registrars for many years and six of the GPs currently working at the practice had previously been trainees at Warley Medical Centre. • Continuous monitoring of training and development was carried out by the management team and learning from events, complaints and compliments was shared to enable lessons to be learnt and improvements to services were acted on. 	

Examples of continuous learning and improvement

The practice explored methods to improve patients' health and well-being. For example:

- The practice had implemented their own clinical templates to ensure patients care was monitored effectively.
- A GP review clinic was in place for patients to be seen by the same GP if ongoing monitored was required. This contributed to continuity of care for patients

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.