

Care Quality Commission

Inspection Evidence Table

Park Leys Medical Practice (1-556595290)

Inspection date: 5 March 2019

Date of data download: 19 February 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.	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.	
Explanation of any answers and additional evidence: Monthly meetings were held and the practice had a safeguarding administrator to support the leads for both adults and children's safeguarding.	

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
Explanation of any answers and additional evidence: There was a comprehensive locum pack containing information on policies and procedures, forms, prescribing protocols, contact details and referral details. Locums were not used at branches only at the main site. The practice could evidence that the appropriate recruitment policies and staff induction processes were in place. The practice maintained staff vaccinations in line with Public Health England guidance and could evidence they had group medical indemnity insurance in place.	

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 and tests for all sites: June 18	Yes
There was a record of equipment calibration. Date of last calibration: Sept 18	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals for all sites. Feb 2019	Yes
There was a fire procedure for all sites.	Yes
There was a record of fire extinguisher checks for all sites. Date of last checks: March 2017	Yes
There was a log of fire drills at all sites. Date of last drills: March 2019	Yes
There was a record of fire alarm checks for all sites.	Yes

Date of last checks: Weekly for all sites	
There was a record of fire training for staff. Date of last training: Online when required	Yes
There were fire marshals for all sites. Online training admin staff	Yes
Fire risk assessment had been completed for all sites. Date of completion October 2018	Yes
Actions from fire risk assessments were identified and completed.	Yes
Explanation of any answers and additional evidence: Legionella testing for two sites were completed in October 2018 and the branch site in Fillongley was carried out in December 2017.	

Health and safety	Y/N/Partial
Premises/security risk assessments had been carried out for all sites. Date of last assessment: 11 June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 11 June 2018	Yes
Explanation of any answers and additional evidence: The main site premises was managed by an external organisation, Community Health partnership (CHP). The provider was reliant on the organisation to carry out some assessments of the shared building. On the day of the inspection, the facilities manager attended to ensure all documentation and evidence was available.	

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. Date of last infection prevention and control audit: May 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All documentation regarding infection prevention control was accessible on the electronic system. The practice identified <ul style="list-style-type: none"> • Waste bags were not labelled correctly, instructions were given to staff on how to complete. • Sharps bins lids had been left open, staff were instructed and the situation rectified. 	

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.	*Partial
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.	*Partial
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"> Whilst clinical staff told us how they would recognise the sign and symptoms of Sepsis, on the day of inspection not all staff had completed formal Sepsis training. The practice immediately arranged for all staff to undertake the training and we were sent evidence to confirm this had been completed. Paediatric pulse oximeters were not available however the practice ordered these immediately for all three sites. 	

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> <ul style="list-style-type: none"> • Templates and prompts were used on the clinical system to ensure that care records were updated. • All cervical smear test results were checked monthly and the nurse had a system in place to contact the laboratory if a result had not been received. • The practice had a system in place to monitor referrals. <ul style="list-style-type: none"> - Patients were sent a letter to remind them to contact the practice if they had not received an appointment within the appropriate timescales. - The medical secretaries checked that the referrals had been received and checked appointments had been allocated. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.94	0.86	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%	8.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.09	5.72	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit	3.47	2.30	2.22	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	*Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<p>*Controlled drugs were only held at the branch with a dispensary.</p> <ul style="list-style-type: none"> • All high-risk medicine monitoring we reviewed was up to date. • The prescription monitoring and security process was well established. All serial numbers were recorded and blank prescriptions were removed from printers overnight. • All emergency equipment and medicines were checked weekly. • Fridge temperatures were monitored daily and the practice undertook cold chain audits every three months. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	No
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services</p> <ul style="list-style-type: none"> • The dispensing staff received regular support and competency checks were carried out by the GP partners. • The dispensers carried out monthly checks of stock levels which were recorded on the system and we saw evidence of seasonal variations. • The records for dispensing incidents were up to date, they were also recorded as significant events. We saw evidence that they had been discussed at practice meetings. 	

- There was a room available for staff to speak to patients confidentially about their medicines.

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:	18
Number of events that required action:	18
Explanation of any answers and additional evidence: We saw evidence that significant events were formally logged and that any immediate action was taken as appropriate. Significant events were discussed at partners' meetings and learning points were recorded. Staff confirmed that learning points were circulated to all relevant team members.	

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

Event	Specific action taken
Complaint from patient regarding referral process taking too long	The practice investigated the complaint and found that in this instance the paper referral pathway was too lengthy. Learning was taken regarding this and the practice identified that the paper referral process used took too long to be work flowed through the system. An apology was given to the patient and changes were made and the new process was formalised.
Fridge incident breach of cold chain	A fridge failure was identified at the dispensary site. Human error was found to be the cause. The incident was discussed at a practice meeting and the learning shared. The action was to purchase new equipment to prevent further incidents of which we saw evidence.

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: If significant events occurred at a branch site staff completed a paper copy of the details and sent it by	

secure fax to the main site where it was input onto the clinical system.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	
The practice kept a record of two-week referrals and all were checked the day after completion to ensure an appointment had been allocated.	
All GPs in the practice took on specific lead roles, for example long term conditions, diabetes, dementia or palliative care and family planning.	

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>	0.84	0.89	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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

- Health checks were offered to patients over 75 years of age.
- The practice had employed an advanced nurse practitioner whose responsibility was to monitor the care and treatment of practice patients in nine local care homes. Positive feedback had been received from the local clinical commissioning group and the care homes management team.
- Holistic assessments were carried out for all patients entering care homes.
- In the past six months the practice had achieved a reduction in the number of home visit requests and an overall cost saving of medicines prescribed.
- For elderly patients who remained in their own home, home visits were undertaken by both a GP and the advance nurse practitioner.

People with long-term conditions

Population group rating: Good

Findings

Add finding here

- 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.
- Longer appointments were available for patients in this group especially for those with more than one long term condition.
- 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 ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice used a diagnostic and monitoring tool for patients with asthma which measured airway inflammation. The practice had been part of a pilot for this device and had continued to fund the use once the pilot ended.
- Clinics were held for patients who may be at risk of developing diabetes to monitor blood sugar levels and advise on diet and lifestyle choices.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	81.2%	79.7%	78.8%	No statistical variation

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>				
Exception rate (number of exceptions).	11.7% (84)	12.1%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.2%	77.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.9% (64)	9.1%	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>	86.3%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.9% (93)	10.5%	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>	78.7%	79.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (14)	3.7%	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>	91.3%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (21)	9.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.5%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.3% (102)	3.3%	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)	94.9%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.5% (16)	9.3%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice held weekly baby clinics at all sites.
- Midwife clinics were available at two branches and mothers could chose to have their babies at either of two local hospitals.
- The practice signposted young pregnant patients to a local dedicated team of community midwives, Providing Information and Positive Parenting Support (PIPPS).

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)	141	147	95.9%	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) (NHS England)	171	181	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	171	181	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	172	181	95.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice had higher than average results for childhood immunisations

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 operated a telephone triage system where patients rang reception and would be called back by a GP who would assess the need for a face to face appointment with an appropriate clinician. Patients could book telephone or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Extended hours appointments were offered at eight locations across the area so that patients could access the one most convenient for them. These appointments were available in the evening and at weekends.

- The practice offered travel vaccinations.
- There was an in-house phlebotomy service.

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)	73.4%	70.4%	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)	69.7%	66.9%	70.5%	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)	55.3%	51.4%	55.1%	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)	80.0%	77.9%	70.5%	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)	69.1%	58.9%	51.9%	No statistical variation

Any additional evidence or comments

Patients who failed to attend screening appointments received a telephone call and letter to advise the importance of these appointments.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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

- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients in local residential homes.
- The practice actively referred or signposted patients to support agencies for example, Improving Access to Psychological therapies (IAPT), MIND and Relate.

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.
- 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 and a dementia navigator was available at the practice.

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>	95.1%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	18.8% (19)	11.2%	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>	95.2%	93.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.8% (17)	9.0%	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)	74.7%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (3)	5.4%	6.6%	N/A

Any additional evidence or comments

We noted that the practices QOF achievement for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses were comparable to the local and national averages. However, the exception reporting rate was higher than the local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We discussed this with the practice and saw evidence that patients were exception reported appropriately.

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)	543.9	541.4	537.5
Overall QOF exception reporting (all domains)	5.6%	5.7%	5.8%

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

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

The practice had conducted an audit of the inadequate smear testing rate as the rate was considerable higher than the national average at 12%. The nurses undertaking the audit discussed this within the team and discovered that a different lubricating gel had been used elsewhere to good effect and changed from the usual brand used. Once this change had been implemented the inadequate rate reduced to 2%.

The practice had conducted an audit of patients who were taking medicine to prevent the loss of bone density (bisphosphonate). The audit was to establish the length of time patients had been taking the medicine and to ensure that correct reviews and monitoring was in place, guidelines recommend that this was a maximum of five years. The initial results identified 104 patients of whom 26 had been taking the medicine for longer than guidelines. The results were discussed and action put in place including increasing monitoring and reviews and setting up a catch-up programme to ensure this happened in a timely way. A re audit was completed and whilst there has been an improvement in performance, there

were still reviews to be completed and this audit was added to the practice audit cycle and given a specific GP to undertake this proactively.

Any additional evidence or comments

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: Salaried GPs received internal appraisals carried out by the GP Trainers Clinical pharmacist carried out appraisals for dispensing staff.	

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)	Yes

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
The practice held monthly multidisciplinary team meetings with the local safeguarding leads and community health teams including social workers to discuss complex patients and establish action plans for better outcomes.	

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:	

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) (QOF)	94.5%	95.7%	95.1%	No statistical variation

Exception rate (number of exceptions).	0.7% (22)	0.6%	0.8%	N/A
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Any additional evidence or comments

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
The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR).	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	We received 28 comments cards of which 26 were wholly positive and two gave mixed comments. Patients commented that the telephone triage system worked well and they were always spoken to or seen by a GP on the day and staff were friendly and approachable. The mixed comments included reference to them being given appointments with a nurse instead of a GP and the cleanliness of the toilets.
Friends and family test results	Between October 2018 and February 2019, the practice received 180 results. Of these, 167 (approximately 88%) of patients said they were likely or extremely likely to recommend the practice.

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
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13941	313	108	34.5%	0.77%
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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)	85.4%	87.1%	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)	83.6%	86.7%	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)	95.8%	94.3%	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)	77.9%	79.5%	83.8%	No statistical variation

Any additional evidence or comments

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Question

Y/N

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

No

Any additional evidence

The practice routinely went through the friends and Family comments cards and put in place an action plan to deal with issues raised by patients or their families,

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:	

Source	Feedback
Interviews with patients.	All the four patients we spoke with on the day of the inspection were positive about how they were involved in decisions about care and treatment. They told us that staff fully explained procedures, medicines and results. One patient told us that clinicians communicated in a way that made them feel comfortable and gave a personal touch that they knew the patient well and it was usual to always see the same GP or GP of choice. Another patient told us that the system enabling them to speak to a GP worked well and often meant they did not need to attend for a face to face appointment.

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	93.3%	92.5%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: An interpretation service was available to patients who required this.	

Carers	Narrative
Percentage and number of carers identified.	215 patients were registered as carers which represented approximately 1.5% of the practice population.
How the practice supported carers.	All carers were offered flu vaccinations. The practice had developed a Carers pack and in addition there was a selection of support leaflets at all sites.
How the practice supported recently bereaved patients.	The practice bereavement coordinator used an online form that was completed following every patient death. This included updating the clinical system to ensure that relatives did not receive appointments for the deceased and that the GPs issued death certificates and kept in touch with the family. Patients could also be signposted to bereavement support services or local organisations.

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:	

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:	

Practice Opening Times	
Day	Time
Opening times: All sites	
Monday	8.30am-8pm
Tuesday	8.30am-8pm
Wednesday	8.30am-8pm
Thursday	8.30am-8pm
Friday	8.30am-6pm
Appointments available:	
Monday	8.30am-8pm
Tuesday	8.30am-8pm
Wednesday	8.30am-8pm
Thursday	8.30am-8pm
Friday	8.30am-6pm
The practice operated a telephone triage system with enabled them to assess the appropriate clinician and if a face to face appointment was necessary or not. The answerphone message was recorded by a GP explaining the system and why reception staff may need to ask for information. This system offered appointments based on demand and not clinician availability.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13941	313	108	34.5%	0.77%

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)	95.7%	93.9%	94.8%	No statistical variation

Any additional evidence or comments

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 employed an advanced nurse practitioner to provide improved outcomes for older people in nine local care homes. The practice provided weekly ward rounds and medicine reviews to ensure older people with frailty received effective care and treatment. The practice strengthened their systems and improved joint working relationships to reduce hospital admissions and unplanned care.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- Appointments were available for school age children during the morning and after school so that they did not need to miss school.

- Flu clinics for children were held immediately after school and on a Saturday morning.
- 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 building was suitable for children and babies with changing and feeding facilities.

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.
- Same day appointments were available for patients.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- As part of the arrangements with the local GP alliance, pre-bookable extended hours, appointments were available at eight locations across the area from Monday to Friday between 6.30pm and 9.30pm and on Saturday and Sunday mornings.
- Out of area patients were accepted to register at the practice, allowing those working locally to be seen.
- Appointments for cervical smear tests were bookable with a female GP or a practice nurse at a time that is convenient for the patient.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, refugees, substance misusers 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.

**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 held weekly mental health clinics.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice was actively involved in social prescribing and could evidence they had made over 40 referrals for support. In addition, GPs had carried out joint home visits to patients alongside services.

Timely access to the service

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

National GP Survey results

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

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)	75.3%	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)	71.8%	66.7%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	71.8%	63.6%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2018 to 31/03/2018)				
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)	77.2%	71.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice has operated a telephone triage system for a number of years. Patients telephoned reception and were called back by a GP that day who would discuss the patients' symptoms and concerns and make an informed decision on whether a face to face appointment was necessary and with which clinician. This ensured that all patients were seen or spoken to on the day they required advice or treatment.

Source	Feedback
NHS Choices	The practice had received 36 comments on the NHS Choices website and was rated with three and a half stars. Comments included views on professional and compassionate staff, caring attitude and being listened to. The practice manager had replied to all comments.

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.	16
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	16
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Lost documentation	A full investigation was carried out and a GP wrote a letter of explanation to the patient. The practice reported the incident to the Commissioner's office.
Childs sent to A&E without being seen for diagnosis	The GP met with the patient's relatives and apologised. The practice policy was reviewed and changed to reflect the circumstances for direct referral to A&E.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. 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.	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
Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available. There was regular communication in the practice and a clear staffing structure was in place. The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff.	
Leaders were knowledgeable about issues and priorities relating to the quality and the future of services. The practice business plan demonstrated that considerations were being made to ensure that increases in the local housing stock and changes to the health economy would not affect patient care.	
There was an open and supportive approach to training for staff. For example, two healthcare assistants were undertaking the nurse associate training programme which was subsidised in terms of financial and time off by the practice. It was envisaged that these staff would then be able to support the care home matron.	

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

There was a five-year plan in place which included a workforce planning tool which used a monitoring system to alert to future staff retirements, changes in local economy, housing and practice and patient needs, for example reviewing IT flexibility for the future.

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>There was a strong collaboration between the clinical and non-clinical team members and a common focus on improving the quality of care and sustainability of patient's experience.</p> <p>We saw examples of the practice administration management dealing with issues of poor performance in a structured and fair way.</p>	

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

Source	Feedback
Staff discussions	Staff spoke positively about the leadership team. They felt well supported, valued and listened to. Concerns could be raised and were responded to. GPs were easily approachable and available to discuss any concerns. All staff reported an open-door policy.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

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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
The practice had a comprehensive business continuity plan with specific references to branch sites and arrangements in place.	

Appropriate and accurate information

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

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

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:	
<p>The practice held a number of regular meetings including daytime and evening clinical meetings, twice weekly business meetings which included the practice manager and a number of quarterly meetings that enabled all staff to be aware of any changes or updates.</p> <p>Following comments from patients regarding information required by receptionists when contacting the practice for an appointment, the practice discussed and reviewed process and put in place a telephone answer message from lead GP explaining that reception staff have been asked to gather more information from patients in order to best direct them to the appropriate appointment.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice did not have a formal Patient Participation Group however they had an active social media site which was used to inform patients of upcoming events. For example, a new walking group organised by the occupational therapists at the practice and information about staff with specific specialist interest such as diabetes. This platform could be used by patients to contact the practice, access the website or comment to the practice manager. The website was updated regularly and in particular gave information on which GPs were at which location on specific days.</p>

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>The practice had employed an advanced nurse practitioner to look after the 300 patients in nine local care homes. A structured package of care had been devised and implemented for all patients from entering a care home which included a full holistic assessment of their needs. The nurse undertook weekly visits to each home, liaised with and offered training and support to help care home staff to care</p>	

for patients including medicine reviews.

Examples of continuous learning and improvement

The practice had developed a comprehensive five-year business plan which was regularly reviewed and monitored to ensure that it was on track and still relevant.

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.