

Care Quality Commission

Inspection Evidence Table

The Vine Medical Centre (1-1314902124)

Inspection date: 28 February 2019

Date of data download: 26 February 2019

Overall rating: Outstanding

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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was a lead and deputy GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system to help ensure that contact, with parents of and children on the 'at risk' register, as well as patients in vulnerable circumstances (for example, foreign nationals, homeless and frail elderly), were routinely reviewed to help ensure individuals and families were not isolated. We saw records that showed that these cases were routinely discussed at the monthly and quarterly multidisciplinary meetings.</p> <p>From staff we spoke with and records viewed, we saw that all staff were encouraged to and took a proactive approach to safeguarding. Throughout the whole staff team there was a strong focus on prevention and early identification of safeguarding matters.</p> <p>The practice continued to routinely review all safeguarding reports for patients under 18 year olds and had a system for reporting safeguarding issues to the patient's named GP; to ensure staff took a proactive approach to safeguarding, with a strong focus on prevention and early identification.</p> <p>The practice were continuing their exemplary safeguarding processes with regards to foreign nationals. We were told of several instances where safeguarding issues, relating to adults and children, were raised by the practice which had been unknown to other agencies. For example, patients experiencing financial difficulties which put them at risk of poor health or homelessness. The practice learnt and applied this learning from any safeguarding incident, to help strengthen safeguarding in the future. Minutes of meetings confirmed this.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that where the practice had recruited apprentices, all relevant recruitment checks had been sourced from the recruiting agency.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2018	Y
There was a record of equipment calibration. Date of last calibration: December 2018	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: December 2018	Y
There was a log of fire drills. Date of last drill: December 2018	Y
There was a record of fire alarm checks. Date of last check: February 2019	Y
There was a record of fire training for staff. Date of last training: September 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: December 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Y

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:	August 2018
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: The practice could demonstrate that they always followed national guidance on infection prevention and control.	

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 impact on safety.	Y
Explanation of any answers and additional evidence: The practice had conducted training of all staff in how to manage and deal with medical emergencies. For example, scenario training where staff role played potential incidents, such as a cardiac arrest in the	

waiting room. The training included how to deal with the patient, how to manage the waiting room and other patients present and how to implement the emergency incident policy. All staff were involved in this training and lessons learnt were shared and discussed.

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

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)	1.00	1.00	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)	9.2%	9.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules,	4.61	5.73	5.64	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	3.71	2.37	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
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
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.	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
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

Medicines management	Y/N/Partial
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> <p>The practice employed a clinical pharmacist. They reviewed all newly registered patients and those discharged with hospital medicines to ensure they were detailed within the patient's records appropriately.</p> <p>Since commencing employment at the practice, the pharmacist had updated the repeat prescribing policy. The policy provided practice staff, trained as medical assistants, with the criteria for any queries relating to the repeat prescribing of controlled drugs, contraceptives, non-steroidal anti-inflammatory drugs and any other medicines that required a review or regular monitoring. We saw that the policy had been developed in conjunction with nationally published guidance.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	21
Number of events that required action:	13
<p>Explanation of any answers and additional evidence:</p> <p>There was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as integral to learning and improvement. All staff were open and transparent and fully committed to reporting incidents and near misses.</p> <p>We saw that learning was based on a thorough analysis and investigation of things that go wrong. All staff were enabled to participate in learning and to improve safety as much as possible and opportunities to learn from external safety events were also identified.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect dose of a medicine dose prescribed.	Following an incident of a patient being prescribed two different dosages of an anti-inflammatory medicine, the practice had reviewed its procedures and monitoring of the prescribing of the medicine. Additionally, an audit of this medicine was completed and the results of both the incident investigation and audit were utilised to check that improvements had been made and sustained.

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

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 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

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>	0.86	0.87	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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.

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 could demonstrate how they identified patients with commonly undiagnosed conditions. For example; diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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>	84.1%	77.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.6% (79)	13.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.9%	75.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.5% (38)	10.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.1%	78.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.8% (75)	13.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	87.5%	74.8%	76.0%	Variation (positive)
Exception rate (number of exceptions).	32.8% (262)	11.9%	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) (QOF)	94.9%	88.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.3% (33)	14.2%	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)	83.7%	81.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (46)	4.4%	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)	88.8%	90.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.6% (17)	5.5%	6.7%	N/A

Any additional evidence or comments

The practice had above average scores for patients who have had an asthma review in the preceding 12 months. Regular reviews of patients, their medicines and liaison with secondary care providers attributed to this. Where exception reporting was high, these figures related to patients who had received reviews in secondary care settings or had declined to attend.

The practice had recognised that it had a higher than average population with obesity when compared to the national average (Practice 11.4%, National 9.8% in 2018). Between September 2016 and February 2019, the practice had carried out an audit into insulin resistance (which is a precursor to type 2 diabetes, and occurs many months to years prior to a diagnosis being made) and obesity. The partners at the

practice specifically started screening for impaired fasting glycaemia and offered targeted lifestyle advice to try to reverse the risk factors leading to the development of diabetes. A protocol was developed, a computer template for data collection, as well as advice was created, and a health care assistant was trained in motivational counselling and lifestyle advice. To date this initiative has led to a total of 661 patients being placed on an at risk of diabetes register.

In addition, the practice had conducted an audit to see if the lifestyle interventions targeting patients with a body mass index (BMI) above 40 had been successful. There were 26 patients who met the criteria for the audit. After reviewing the patients, the audit showed that 62% (16) had lost weight and reduced their BMI significantly in the first six months of intervention. The audit also showed that after a year, 46% of these patients (12) had sustained their weight loss.

The practice had above average exception reporting for patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness. These figures related to patients who had received reviews in secondary care settings, had declined to attend or had other conditions which were prioritised over their diagnosis of COPD.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets in three of the four immunisations administered and met the target in the fourth. We saw evidence of how the practice were using different methods to communicate with non-attenders. For example, phone calls, liaison with school nurses and use of interpreting services for those whose first language was not English.
- 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 a higher than the national average for the number of pregnant women who received the pertussis (whooping cough) vaccine (practice 89%, national average 73%). This had resulted from an initiative by the practice to invite pregnant patients to have the vaccine administered by a practice nurse, rather than a visiting midwife.
- 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.
- Young people were offered health checks.

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)	153	159	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	131	136	96.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	127	136	93.4%	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)	130	136	95.6%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	74.8%	76.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer	73.8%	73.4%	70.0%	N/A

in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	64.5%	60.1%	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) <small>(PHE)</small>	65.2%	76.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	50.0%	53.6%	51.9%	No statistical variation

Population group rating: Good

People whose circumstances make them vulnerable

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, at risk foreign nationals, 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 and worked with a local probationary, short stay service to provide care and treatment to patients accommodated there.
- The practice reviewed patients who lived in any of nine local residential/nursing care homes that they provided services to.

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 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.

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>	95.3%	87.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	24.8% (28)	11.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.8%	89.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.8% (19)	9.5%	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>	75.4%	80.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.0% (12)	5.9%	6.6%	N/A

Any additional evidence or comments

The practice had above average exception reporting for 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. These figures related to patients who had received reviews in secondary care settings or had declined to attend.

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)	558.4	533.0	537.5
Overall QOF exception reporting (all domains)	8.7%	5.3%	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 had completed a two-cycle audit in relation to female patients on sodium valproate (an anti-convulsant medicine used in the treatment of epilepsy) and advice about contraception. The aim of the audit was to identify all female patients of child bearing age taking this medicine and ensure those of childbearing age were aware of the risk to unborn children. Those identified in the audit at being at risk, had their patient notes reviewed and where appropriate, were reviewed and provided with the necessary information and guidance to make an informed choice about the medicine they were taking and their choice of contraception (or not).

A two-cycle audit in relation to opiate (morphine based medicines) safety and use in pain management. The aim of the audit was to assess the indication of opiate prescription in chronic pain and the frequency of medicine reviews for patients prescribed this form of medicine, to improve safety of opiate prescribing at the practice and to ensure clear instructions were given of the risks, addictive profile and major side effects associated with opiates. Those identified in the audit at being at risk, had their patient notes reviewed and where appropriate, were reviewed and provided with the necessary information regarding side effects and were invited to sign an opiate contract (a pain management agreement between the GP and the patient to ensure that opiate medicines were taken exactly as prescribed).

Any additional evidence or comments

All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in audit and other improvement activity were proactively pursued by the whole staff team.

The practice used Medicines and Healthcare products Regulatory Agency (MHRA), clinical

commissioning group (CCG) medicine optimisation team and drug company alerts, as well as new guidance, as a source of information which triggered searches and audits to ensure they were complying with safety advice and best practice. In 2017 they performed 18 audits, in 2018 there were 19 audits undertaken and in 2019, six audits or reviews had been undertaken so far. Additionally, the practice had a log of audits that need to be performed and we saw that this could be added to by any member of the staff team. Records viewed showed that all audits were presented at clinical meetings and thereby awareness of the clinical issue was heightened and consequently standards were raised.

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
<p>Explanation of any answers and additional evidence:</p> <p>The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new professional skills and share best practice. For example, a receptionist had been trained to become a healthcare assistant and was now in their third year of nurse training. Career progression was seen as a positive influence within the practice.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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
<p>Explanation of any answers and additional evidence:</p> <p>All paper and electronic records relating to people's care were well managed. Staff could easily access the information they needed to assess, plan and deliver care to people in a timely way. This included information being shared between day time general practice and GP out-of-hours services. When different care records systems were in place for different teams and services, these were coordinated as much as possible.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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. For example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a focus on early identification and prevention and on supporting people to improve their health and wellbeing, including supporting people to return to work. Care navigation and social prescribing being a high priority in supporting this. The practice was one of five practices within West Kent piloting social prescribing and had recruited a project worker, who conducted one to one appointments in the weekly clinics held, as well as liaised with other agencies involved with social prescribing. The practice had also hosted a social prescribing initiative for 'mum's to be'.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.1%	93.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (15)	0.8%	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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that when people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation. Engagement with stakeholders, including people who use services and those close to them, informed the development of tools and support to aid informed consent.</p>	

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.	35
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	<p>Patients commented on the professionalism and friendliness of staff and the very personalised service they received.</p> <p>Patients stated that the clinicians always spent quality time with them when they had their appointment.</p> <p>Mixed feedback related to not being able to see the GP of their choice.</p>
Patient interviews	We spoke with seven patients on the day of inspection. All patients commented that staff were kind, helpful and caring and they were treated with dignity and respect.
NHS Choices	<p>The practice overall scored three and a half out of a possible five stars for privacy and dignity.</p> <p>There were 24 comments made in the last 12 months, 18 of which were positive and six comments were mixed. The practice had responded appropriately to all comments made.</p>

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12007	276	107	38.8%	0.89%

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)	89.0%	90.7%	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)	89.0%	89.7%	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)	96.3%	96.8%	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)	92.0%	85.7%	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 made use of feedback from patients via their own website, Friends and Family Test responses, comment box responses, their own patient surveys (coordinated by the patient participation group) and NHS Choices.

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
Interviews with patients.	<p>We spoke with seven patients and asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the information in the patient waiting area and on the practices website was useful. Patients told us they felt involved and that their personal decisions were considered.</p> <p>CQC comment cards also reflected this feedback.</p>
NHS Choices	<p>The practice overall scored three and a half out of a possible five stars for involvement in decisions.</p> <p>There were 24 comments made in the last 12 months, 18 of which were positive and six comments were mixed. The practice had responded appropriately to all comments made.</p>

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)	95.1%	95.8%	93.5%	No statistical variation

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 193 patients who were carers (1.6% of the practice list).
How the practice supported carers.	There was a dedicated section on the practice's website that indicated support available to carers and encouraged patients to identify whether they were carers.

	The practice offered carers an annual flu vaccination and an annual health check.
How the practice supported recently bereaved patients.	GPs contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signposted relatives to other support services where appropriate.
<p>Explanation of any answers and additional evidence:</p> <p>Patients told us (either in person or in CQC comment cards) that in times of bereavement staff had gone the extra mile and the care they received at the time and for several months after their loss, far exceeded their expectations.</p>	

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.

	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
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 10.30am & 2.40pm to 5.30pm
Tuesday	9am to 10.30am & 2.50pm to 5.30pm
Wednesday	9am to 10.30am & 1.50pm to 5.30pm
Thursday	9am to 10.30am & 2.50pm to 5.30pm
Friday	9am to 10.30am & 1.50pm to 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12007	276	107	38.8%	0.89%

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)	96.9%	96.5%	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 had a scheme for patients, who lived in in nursing and residential homes. Weekly ward rounds were conducted, which promoted continuity of care.
- 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: Good

Findings

- Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- 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 practice referred patients with newly diagnosed Type 2 diabetes to the diabetes education and revision in Kent (DERIK) programme, which provided them with education and information about living with and managing this type of diabetes.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice had extensive systems for reviewing safeguarding matters, which included; reviewing all safeguarding reports for patients under 18 years old and reporting potential safeguarding issues to the patient's named GP. They also identified trends that could indicate a safeguarding issue.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Additional nurse appointments were available out of school hours and on Saturdays for children so that they did not need to miss school.
- The premises were suitable for children and babies. The practice had a designated breast-feeding room, as well as baby changing 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.
- 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 as part of the improved access scheme within the federation; 6.30pm to 8.30pm on weekdays and Saturdays 8.30am until 11.30am (by appointment only).

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, foreign nationals, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a strong focus on prevention and early identification of patients who were vulnerable. Routine reviews of those patients on the vulnerable register, helped to ensure these patients were safeguarded appropriately.
- 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. There were appointments made available that supported these patients to attend at a time that would cause them less anxiety. For example, end of morning or late in the day (when the waiting room was less busy).
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All clinical staff had undertaken training in mental capacity and Deprivation of Liberty Safeguards.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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)	94.8%	N/A	70.3%	Variation (positive)
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)	79.9%	72.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	85.3%	67.7%	65.9%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.8%	79.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice operated an 'open access' system, Monday to Friday 8.00am to 12 pm, where no appointment was required. Staff and patients told us that times were provided to patients and that they could either wait at the practice or return nearer to the time slot provided.

Source	Feedback
NHS Choices	Patients had rated the practice four stars out of a possible five on the NHS Choices website regarding availability of appointments and four and a half stars for telephone access.

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.	20
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager recorded all written and verbal complaints on a spreadsheet and carried out an analysis of complaints by service area and by subject. Outcomes of complaints were used to inform staff meetings and were proactively pursued by the whole staff team.</p> <p>The practices complaint policy and procedures were in line with recognised guidance. Information about how to make a complaint or raise concerns was available in the form of a leaflet and on the practices website.</p> <p>Staff treated patients who made complaints compassionately.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Lack of privacy at reception desk causing embarrassment.	Following the receipt of a complaint relating to an urgent request for a prescription and the way staff spoke with the patient, the practice had discussed and sourced privacy screens for the reception desk. These had not been installed at the time of our visit but had been purchased.
Patient not appropriately referred under two week wait scheme.	Following the receipt of a complaint relating to a referral under the two week wait scheme. An investigation was conducted, which showed that the referral had not been sent in accordance with new referral guidelines. The practice had discussed this at a clinical meeting and implemented changes to their processes. All staff had been made aware of the changes made in the referral guidance and guidelines.

Well-led

Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because the culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care and because leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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

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
Explanation of any answers and additional evidence: The practice mission was to recognise the importance of holistic health care and seek to address the needs of individuals in physical, psychological, social and spiritual terms, whilst respecting equality and diversity. As well as having an active interest in medical education, which they believed was an important influence on continuing development and good practice at every level within the practice. There was strong collaboration and support across all staff and a common focus on delivering the strategy.	

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
<p>Explanation of any answers and additional evidence:</p> <p>There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns. The practice operated a no blame culture for raising concerns, with the focus being on outcomes, learning and improving quality.</p>	

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

Source	Feedback
Staff interviews	<p>Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us there was a positive team spirit.</p> <p>The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.</p> <p>Staff told us that leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.</p> <p>There was a high level of constructive engagement with staff and a high level of staff satisfaction. Responses to staff surveys supported this with 100% of respondents indicating that they would still be working at the practice in the next five years. There was a very low staff turnover with a well-established team where staff worked across all roles.</p> <p>Staff said they were supported to develop within their roles, as well as trained to move from non-clinical into clinical roles. For example, reception staff becoming trained healthcare assistants and apprentices remaining at the practice after their apprenticeship being completed.</p>

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

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

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

Explanation of any answers and additional evidence:

The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned in a timely manner.

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

Explanation of any answers and additional evidence:

Staff feedback highlighted a strong team with a positive supporting ethos.

Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.

Feedback from Patient Participation Group.

Feedback

The practice had a very active patient participation group (PPG). We spoke with two of the eight patient members. Additionally, there was a virtual patient reference group made up of approximately 400 patients.

The PPG were integral to the running of the practice and as a critical friend. PPG members were encouraging and supportive, but who also provided the practice with honest and candid feedback that may be uncomfortable or difficult to hear. Constructive challenge from the PPG was welcomed and seen as a vital to meeting the aims, objectives and values of the practice.

The PPG met bi-monthly and produced a quarterly newsletter, which was distributed via email and posted in the waiting area.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The leadership drove continuous improvement and all staff were accountable for delivering change. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice was a training practice and had one GP in specialist training (These are fully qualified doctors who have worked at least one year as hospital doctors who work under supervision). All the staff were, to some degree, involved in the training of future GPs, reception and administration staff. The practice also occasionally provided support and training for student nurses and work experience. The practice had signed up to a local council initiative known as One You. A Lifestyle Advisor attended the practice and supported patients to make the small changes in their lifestyle choices and gave support such as; smoking cessation, weight loss or general wellbeing. Patients were offered up to six free, one-to-one sessions as part of this initiative.	

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.