

Care Quality Commission

Inspection Evidence Table

Haddenham Surgery (1-5021039395)

Inspection date: 4 April 2019

Date of data download: 14 March 2019

Overall rating: Requires Improvement

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

We rated the practice as requires improvement for providing safe services because:

The branch site at Stretham did not have all of the appropriate emergency medicines, and this had not been risk assessed. Following the inspection, the practice provided a risk assessment which included storing equipment and medicines in one easily, accessible place and stocking the appropriate range of medicines. There was a system for receiving and acting upon safety alerts, however we found one alert had not been acted on and this affected 10 patients. After the inspection, the practice provided evidence of an updated system and evidence of a review of the affected patients.

Safe Improvement

Rating:

Requires

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

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes October 2018
There was a record of equipment calibration. Date of last calibration:	Yes October 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes December 2018
There was a log of fire drills. Date of last drill:	Yes May 2018
There was a record of fire alarm checks. Date of last check: Weekly checks.	Yes
There was a record of fire training for staff. Date of last training:	Yes May 2018
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes May 2018

Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: An action from the fire risk assessment was to review a storage cupboard where multiple electrical items were plugged in and this had been completed. The fire marshals had completed specific training in April 2018.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes August 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes August 2018
Explanation of any answers and additional evidence: Both sites had legionella risk assessments completed in December 2018 and regular water testing had been completed.	

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:	Yes March 2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Regular reviews of the infection prevention and control audit had been undertaken to ensure actions had been completed. The practice had completed handwashing training and had a handwashing audit. The practice met informally on a weekly basis with the cleaners and held a minuted meeting every six months. There was also a communication book for practice staff to alert cleaning staff to any other actions needed.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes

Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

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
Explanation of any answers and additional evidence: We reviewed the pathology and correspondence in boxes and found these communications had been acted upon in a timely manner.	

Appropriate and safe use of medicines

The practice had some 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)	1.15	1.01	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)	12.6%	12.2%	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	6.03	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.25	2.24	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.	Partial ¹
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	Yes

Medicines management	Y/N/Partial
unusual prescribing, quantities, dose, formulations and strength).	
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.	Partial ²
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.	Partial ³
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹The dispensary at the Stretham site was small and was within the reception area. Therefore, access was not restricted to appropriate staff. The practice was aware of this and reported that there were only very small staffing numbers (one clinician and one reception/dispenser) at the site.</p> <p>²The practice also transported medicines, including controlled drugs, from the branch site in a carrier bag. They ordered a lockable box on the day of inspection.</p> <p>³We found the practice did not have all of the appropriate emergency medicines at the Stretham site. The practice agreed to review this. The practice did have the appropriate range of medicines at the Haddenham site, however medicines were not all stored in the same place and the oxygen and defibrillator were stored in different places so were not easily accessible in an emergency. Following the inspection, the practice provided a risk assessment which included storing equipment and medicines in one easily accessible place and stocking the appropriate range of medicines.</p>	

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	Yes

records.	
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.	N/A
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.	Partial
<p>Explanation of any answers and other comments on dispensary services:</p> <p>There were dispensing services at the main site and the branch site. We found the system for managing medicines returns at the Haddenham site was appropriate and there was a log of medicines received due to patient returns from the Stretham site. However, we found there was no log in place at the Stretham site for which medicines had been returned. The lead dispenser ordered a second returns book for the Stretham site on the day of the inspection. We found the security at the Haddenham dispensary was appropriate, however due to the small size of the dispensary at the Stretham site, medicines were accessible to all staff. The practice reported they had considered this but due to small numbers of staff at the site (usually one clinician and one receptionist/dispenser), they felt the measures in place were appropriate.</p> <p>Due to the limited space within the practice, there was no specific area for dispensers to speak confidentially to patients. However, staff showed good awareness of this issue and had taken measures such as checking to see if any clinical rooms were available and asking other patients to stand further away if they needed to have a confidential discussion with a patient.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, the practice had not ensured they had received all patient safety alerts.

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:	11

Number of events that required action:	11
Explanation of any answers and additional evidence: We viewed the near miss log book in the dispensary and found appropriate recording of events. Dispensary also raised any significant events appropriately and discussed these in information governance and dispensary meetings.	

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

Event	Specific action taken
The vaccination fridge door was left open.	The data logger was checked to monitor when the temperatures had gone outside of range. The manufacturer of the vaccines was contacted to give advice on how to manage the vaccines and a sign was put on the fridge to advise staff to ensure the door was closed.
A two week wait referral was not sent.	The patient was reviewed and the protocol was updated so that a task was automatically generated and sent to the secretaries to action. The doctors were informed to ask patients to contact the practice if they had not had communication within two weeks.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Dispensary staff received the alerts and actioned them as appropriate. Staff fed back to the practice manager any action they had taken. This was logged on a central spreadsheet and the dispensary kept a copy of the alert. We viewed two alerts and found these to be well managed within the dispensary. We viewed three alerts and found two had been actioned but one had not. This alert was not logged on the spreadsheet. The practice reported they would address this immediately and review their system to ensure they received all alerts. After the inspection, the practice provided evidence of an updated protocol for the management of safety alerts. This included the new process for the receiving of alerts, including the alerts to be received by the practice manager and for the pharmacist to complete a weekly review of the safety alert websites to ensure no alerts had been missed. Searches would be completed on the alerts that were relevant to the practice and affected patients managed as appropriate. The practice provided evidence to show they had obtained and actioned the missing alert. An initial search identified 60 patients that may have been affected, 10 of whom required further input. Those patients had been reviewed and written to, informing them of the risks of the medicine.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were able to give examples of recent best practice guidelines and we saw some discussion of this within nurse meetings. We did not see evidence of this within other meetings but the practice reported they would review this and consider making new guidance a standard agenda item.</p>	

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>	0.70	0.90	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. • The practice offered a dedicated shingles vaccination programme. • 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. For example, nursing staff had completed diplomas in diabetes and respiratory care.
- The practice held an in-house anti-coagulation service for monitoring and dosing patients on warfarin, which included home visits.
- 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 was reviewing and improving their recall system. This included inviting patients to have reviews during their birthday month, reviewing all conditions in one appointment and administration changes to make the process easier.

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>	82.7%	80.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.1% (59)	15.7%	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>	86.4%	74.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.4% (6)	11.9%	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	77.3%	79.3%	80.1%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	10.1% (42)	15.5%	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) (QOF)	75.4%	76.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (5)	7.9%	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)	89.0%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.7% (13)	13.6%	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)	91.1%	82.2%	82.6%	Variation (positive)
Exception rate (number of exceptions).	1.8% (16)	4.7%	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)	92.5%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (7)	7.6%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets. If parents did not bring their child for an immunisation update, the nursing staff called them to remind them or to book in another appointment.

- 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, including chlamydia screening kits.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	75	78	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	73	75	97.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	73	75	97.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	70	75	93.3%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

attend the surgery.

- All cancer screening indicators were in line with, or above local and national averages.
- A practice nurse was undertaking the Macmillan cancer care course to enhance the care offered to patients with cancer.

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)	82.3%	70.9%	71.7%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.0%	73.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.7%	56.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	61.1%	63.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	62.2%	60.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice was proud of their achievement for cervical screening rates. The practice utilised opportunistic appointments to advise when appointments were due and would often book appointments while patients were in the surgery for another reason to increase uptake. The practice had literature available regarding screening.

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. 98% of patients that had a care plan in place had passed away in their preferred place on care in the last 12 months.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and no fixed abode.
- The practice had a good relationship with the local travelling community.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice reviewed young patients with learning disabilities at local residential homes.
- The practice had 13 patients registered with a learning disability. Of these, 10 had a completed annual review, two had declined and one required further review to assess whether they needed to be on the list.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	89.7%	91.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	13.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.0%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (1)	11.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.8%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (3)	6.6%	6.6%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.4	543.0	537.5
Overall QOF exception reporting (all domains)	3.5%	6.5%	5.8%

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

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

- The practice had noted some higher referrals for dermatology. The practice reviewed referrals over a three-month period and out of those patients, 21 had received intervention, 10 had non-cancerous skin growths, eight were discharged after their first appointment and one did not attend their appointment. As a result, the practice reviewed these referrals and found them all to be appropriate. They had invited the dermatology consultant to give further education and had purchased a specialist piece of equipment (dermatoscope) and one GP attended a training course to use this, in order to ensure all referrals were appropriate.

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
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	Yes

advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The practice had improved their knowledge and skills for treating patients with a learning disability and two members of the nursing team were undertaking learning disability champion training. They also liaised closely with the local learning disability nurse specialist for advice and referral.	

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.2%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (3)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: The practice had completed a minor surgery audit which also monitored whether written consent was obtained.	

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

CQC comments cards	
Total comments cards received.	Nine
Number of CQC comments received which were positive about the service.	Eight
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
NHS Choices	The practice had one positive and one negative comment on the NHS Choices website. The negative comment related to access, however the positive comment reported the patient had received “wonderful care” at the practice.
CQC comment cards	All of the comment cards received commented positively on the nature of staff. Comments included: <ul style="list-style-type: none"> • “The receptionist was helpful and attentive.” • “I have received exemplary care.” • “Staff are always friendly and helpful.”
Patient interviews	Patients we spoke with were very positive about the care and treatment they received. Patients reported that staff often went the ‘extra mile’ to support them and always had a positive experience with staff attitude.

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	Surveys sent out	Surveys returned	Survey Response	% of practice
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population size			rate%	population
7312	231	107	46.3%	1.46%

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)	96.7%	90.5%	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)	95.0%	89.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.0%	96.3%	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)	84.2%	85.6%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>The practice had not completed patient surveys but did act on patient feedback to improve the services they offered. For example:</p> <ul style="list-style-type: none"> • A patient raised concerns about the confidentiality of the prescription box at the branch site so a note was placed on the box advising patients to put their prescriptions in an envelope. • The practice had simplified a standard letter to patients about log on details for their new clinical system after patients reported issues. The practice offered personalised help for patients through this change of logging in. • Following changes in the prescribing of medicines that were for self-care and available directly from pharmacies, the practice updated their website and literature to help patients understand the new system. To help patients adjust, they issued patients with one-month worth of these medicines with a letter explaining why these would not be prescribed in the future.

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

Source	Feedback
CQC comment cards	Several of the comment cards we received commented on the involvement patients had in their care and treatment. For example: <ul style="list-style-type: none"> • “The treatment of my condition has always been appropriate and effective.” • “The doctor was quick to refer me to the hospital.” • “Doctors give full consideration to patients’ needs and concerns.”
Patient leaflets	The practice had leaflets available for cervical screening that were appropriate for patients who had a learning disability to ensure they were able to make fully informed choices about their care and treatment.
Patient interviews	Patients we spoke with were wholly positive about the involvement they had in their care and treatment. Patients were able to give examples, such as involvement in referrals and specific treatments they preferred.

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)	95.2%	94.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had a range of literature available in the practice, including a self-help section of the waiting room, information on cancer screening, a ‘labour pack’ for pregnancy and local support group	

information.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 83 patients as carers, which was approximately 1% of the practice population.
How the practice supported carers.	The practice was aware of local support groups for carers and could refer to them when required. There was also leaflets in the reception area specifically for carers.
How the practice supported recently bereaved patients.	Every patient who suffered a bereavement was contacted by phone and offered an appointment, including a home visit. The practice shared an example where they demonstrated their caring attitude. A relative (not registered at the practice) of a patient of the practice who died was provided with bereavement support.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive Improvement

Rating:

Requires

We rated the practice as requires improvement for providing responsive services, and for all population groups because:

- Results from the GP Patient Survey relating to accessing appropriate appointments were lower than local and national averages. The practice did not have an action plan in place to address this. This issue affected all population groups and therefore they have all been rated as requires improvement.

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: Staff at the practice reported they kept the branch surgery open for patients to improve access and due to patient choice. There were several examples of staff responding to specific patient needs, such as helping patients to get washed and dressed on home visits, walking vulnerable patients home and baking cakes for patients' birthdays when they reached milestones and did not have anyone to celebrate with.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am - 1pm and 2pm - 6.30pm
Tuesday	8.30am - 1pm and 2pm - 6.30pm
Wednesday	8.30am - 1pm and 2pm - 6.30pm
Thursday	8.30am - 1pm and 2pm - 6.30pm
Friday	8.30am - 1pm and 2pm - 6pm
Appointments available:	
Monday	8.30am - 12pm and 4pm - 6pm
Tuesday	8.30am - 12pm and 4pm - 6pm
Wednesday	8.30am - 12pm and 3pm - 6pm
Thursday	8.30am - 12pm and 4pm - 6pm

Friday	8.30am – 12pm and 3.30pm - 5.30pm
Opening times for Stretham branch:	
Monday	9.30am – 11.30am
Tuesday	9.30am – 11.30am
Wednesday	9.30am – 11.30am
Thursday	9.30am – 11.30am
Friday	9.30am – 11.30am
Appointments available for Stretham branch:	
Monday	9.30am – 11.30am
Tuesday	9.30am – 11.30am
Wednesday	9.30am – 11.30am
Thursday	9.30am – 11.30am
Friday	9.30am – 11.30am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7312	231	107	46.3%	1.46%

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)	97.1%	95.5%	94.8%	No statistical variation

Older people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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 nurse also offered home visits for long term condition reviews. The dispensary had an arrangement with the local pharmacy for a medicines delivery service to be provided for dispensing patients if they required it. The practice could identify how they gave responsive care to older patients, tailored to their needs. For example, reception staff had referred patients to local charities and support groups after concerns were raised about their mobility from friends.

People with long-term conditions

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> The practice liaised regularly with the local district nursing team and community matrons and district nurses 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: Requires improvement

Findings

- Additional nurse appointments were available across two sites to enable patients to have an appointment closer to them where possible.
- 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.
- Antenatal appointments, six-week mother and baby checks and midwives were available on site.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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 available to all patients at additional locations within the area, as the practice was a member of a GP federation. This included after the practice closed and at weekends.
- The practice offered; adoption and fostering medicals, HGV and insurance medicals, travel advice and vaccinations and smoking cessation clinics.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a lead GP for vulnerable patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode, which included a local travelling community.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice had worked closely with a learning disabilities specialist nurse in order to further their knowledge and skills for assessing and treating patients with a learning disability. The practice liaised closely with the nurse when patients did not want an annual review and had two nurses completing the course to become a learning disabilities champion.
- 98% of patients who had a care plan in place had passed away in their preferred place of care in the last 12 months.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Home visit requests were triaged by the duty GP who made a clinical decision as to whether a visit was required. Appointments were booked and if no routine appointments were available, the duty GP rang the patient to assess whether an urgent appointment was required. Extended hours appointments were available in a location close to the practice which was provided by Cambs GP Network. The practice were working on further initiatives, such as the General Practice Quick Start Programme to improve access to the service. The practice also planned to complete their own patient survey in the summer to assess improvements.</p>	

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)	71.3%	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)	58.4%	74.1%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	46.1%	69.3%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice 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)	62.1%	79.7%	74.4%	No statistical variation

Any additional evidence or comments

The practice had not completed a survey to assess whether patient satisfaction relating to access had improved and did not have an action plan in place to address this. However, the practice was aware of the lower than average results and had noticed a decline in complaints relating to access since the extended hours network had been in place.

In the previous two years, the practice had experienced the retirement of three GP partners and had been successful in recruiting three new GPs. The practice reported they felt this had an impact on patient satisfaction.

The practice had completed a telephone triage audit in 2018 to assess whether triage was safe and effective. The results of the audit showed one third of calls were dealt with by triage and required no further action which improved the number of appointments available. The audit also assessed how many patients were referred to hospital for emergencies (eight patients, all appropriately referred) and home visit requests.

Source	Feedback
NHS Choices and Healthwatch	There was one negative comment relating to access on NHS Choices and two of the most recent comments on Healthwatch reported it was difficult to get an appointment.
CQC comment cards	One comment card reported the patient was able to get an urgent appointment when they needed it, however there was a wait of approximately three weeks for a routine appointment which the patient reported was too long.
Patient interviews	Patients reported they were able to get emergency or urgent appointments when they needed them, however there was a wait of approximately three weeks for a routine appointment.

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.	Ten
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager was responsible for managing complaints. They were discussed in the information governance meeting which was attended by all staff to ensure learning was cascaded appropriately.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A self-care medicine had been removed from a prescription	The patient was written to, including the Clinical Commissioning Group guidelines. The medicines section of the website was updated and a display was put up to explain the changes near the dispensary.
A patient complained about needing multiple appointments with different clinicians	The chronic condition recall system for managing patients with more than one chronic condition was reviewed and updated to include all possible diagnoses being reviewed in one appointment.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice planned to merge with another local practice to improve the services they offered and to ensure sustainability. Staff we spoke with reported they were involved in discussions about the merger and the practice had taken proactive, positive steps to facilitate this, including changing their clinical system. The leadership team had reduced from four GP partners to a sole provider in the past year due to retirements and unexpected events. Staff reported that while this had been a difficult period, they had worked well as a team to support the management structure and ensure they continued to offer services to the practice population. Following the inspection, the practice held a meeting with all staff and gave a presentation on the areas which from our verbal feedback required review, and areas of good practice.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The vision of the practice was: <ul style="list-style-type: none">“We are a modern General Practice serving Haddenham and the surrounding villages. Our aim is to deliver high quality holistic, caring services to the rural community.” The practice vision included the merge with a local practice in order to provider more sustainable, supportive care.	

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

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

Source	Feedback
Staff interviews	Staff we spoke with reported they were happy to work at the practice and proud of the service they provided. They were able to give several examples of personalised care for patients and spoke highly of the leadership within the practice. Staff reported they worked well as a team and were able to raise concerns and ideas for improvement and felt these were taken seriously and used to drive improvement.
Patient interviews	Patients we spoke with were aware of the changes that had happened within the practice. The commented positively on the culture within the practice and told us they had seen a change within management which had improved the morale of staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. Some systems required review to ensure they were operating effectively.

	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: There were some systems and processes in place which supported good governance, such as the management of risks within the practice. However, we found the system for the management of emergency medicines required review as not all appropriate emergency medicines were available at the branch site. We found medicines and equipment were not kept in the same area. The system for the receiving and actioning of safety alerts required review to ensure the practice were receiving and	

actioning all alerts to keep patients safe.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We found risks were generally well managed within the practice. The practice did not have an effective system in place to manage the returned medicine stock at the branch site. However, on the day of inspection the practice ordered a medicines' returns book and instructed staff to ensure there was a clear audit trail.	

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: The practice used data provided from the Clinical Commissioning Group, such as referral data, to guide their auditing processes to ensure they were reviewing and acting on appropriate information and fully investigating potential areas for improvement.	

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: Staff told us they felt involved in the upcoming merger and had been kept informed via regular meetings. The practice wrote regular articles for the village newsletter to keep patients updated on changes within the practice and they also liaised with the Clinical Commissioning Group.	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the patient participation group who reported that due to unexpected circumstances within the group, meetings had not been held on a regular basis recently. However, the group and the practice had planned to start meetings up again and had a re-launch meeting planned. The PPG member reported the practice had been open and honest with them about recent changes to the clinical system and had involved the PPG in a meeting which shared information with patients.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice had a clear vision of sustainability and to enhance this, had planned to merge with another local practice. The practice had been successful in recruiting new doctors to the practice and had implemented changes such as a new clinical system.	

Examples of continuous learning and improvement

Staff were consistently supported to undertake learning and progress their careers. For example, a nurse was undertaking the Macmillan cancer care course to enhance the care offered to patients with cancer. Another nurse was completing a masters' degree in advanced nursing practice, an administrator was completing a level three diploma in business management and a GP was undertaking a dermoscopy course.

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.