

Care Quality Commission

Inspection Evidence Table

Fitzalan Medical Group (1-559739083)

Inspection date: 4 April 2019

Date of data download: 27 March 2019

Overall rating: Requires improvement

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

Safe

Rating: Requires improvement

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that use of the protocol introduced in 2018 for coding children who did not attend appointments, with a code that was distinct from the standard “did not attend” code was embedded within the practice.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	<p>Yes</p>
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	<p>Partial</p>
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	<p>Yes</p>
<p>Staff had any necessary medical indemnity insurance.</p>	<p>Yes</p>
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff vaccination records we viewed did not demonstrate that staff were vaccinated in line with current PHE guidance. The practice only monitored staff hepatitis B immunisation status. The practice policy regarding staff vaccinations did not reflect current PHE guidance.</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: May 18	Yes
There was a record of equipment calibration. Date of last calibration: August 18	Yes
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: September 18	Yes
There was a log of fire drills. Date of last drill: April 19	Yes
There was a record of fire alarm checks. Date of last check: March 19	Yes
There was a record of fire training for staff. Date of last training: Various as done online individually	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: April 18	Yes
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was no clear documented record of actions completed as a result of the fire risk assessment and there had been no reassessment to ensure mitigating actions had been completed. The fire risk assessment action plan had not been completed although the practice told us that they thought most actions had been completed. We noted that action for fire exit signage was not complete.</p> <p>We noted that the fire folder, which contained information for fire crews attending the site, had a notice warning of liquid nitrogen stored on site, which was not stored on site. In addition, there was no indication as part of the fire safety information that oxygen was stored on site. The room in which the oxygen was stored was clearly labelled that oxygen was stored inside.</p> <p>The smoke alarms at Wick Surgery were battery operated and there was no evidence of checks that these smoke alarms were working. At our previous inspection in August 2018 the practice told us that they would put in place a procedure to routinely log tests of these smoke alarms. The practice also provided evidence that a contractor had been booked to replace the battery-operated smoke alarms with mains operated alarms but at the time of this inspection this work had not been carried out.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 02/19	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: various dates including for workstation safety, visual display unit usage and expectant mother(staff)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection, the practice provided a copy of a risk assessment carried out by an external company, which was received by the practice on 14 February 2019. This risk assessment was only carried out at the Fitzalan Road address and did not include the branch surgery. The risk assessment identified 29 risks that were categorised as requiring immediate and urgent action. The timescales the risk assessment assigned to these were 20 urgent action and nine to be completed within six weeks. It also identified a further three actions categorised as requiring further action to improve safety management, which all required action within six weeks.</p> <p>There was no clear documented record of actions completed in response to this risk assessment. The risk assessment action plan had not been completed although the practice told us that they thought most actions had been completed.</p> <p>Since the inspection the practice has provided evidence that they have recorded the actions they have taken on the action plan provided by the external company. On this document there were still seven actions, categorised as requiring immediate and urgent action outstanding. The practice did not provide evidence that they had reassessed or mitigated these risks, although we noted the practice had amended the timescales for outstanding actions to June 2019. We also noted that although the risk assessment was specific to the Fitzalan Road address some of the actions the practice recorded related to the Wick Surgery.</p> <p>We also noted that some areas of concerns brought to the attention of the practice by Healthwatch in February 2019 had not been addressed, including an electrical switch that had been pushed into the wall.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence:	
<p>We observed one sharps safe on a windowsill in a clinical room at Wick Surgery that was in use but not dated and no system in place to routinely check sharps safes were appropriately labelled. When we brought this to the attention of the practice they told us that in future this would be incorporated into a monthly infection control check.</p> <p>Records relating to Legionella were not clearly documented. The risk assessment determined certain checks should be carried out and recorded.</p> <p>There was no record of weekly shower checks between 09/11/2018 and 01/03/2019.</p> <p>The most recent monthly water temperature check was 22/03/2019 but there was no record of checks between 26/10/2018 and 01/03/2019.</p> <p>Three monthly sterilisation (flushing) was last recorded October 2018.</p> <p>The water analysis report from 13/04/2018 recommended samples were retaken and retested due to abnormal results. There was no evidence that this had been completed.</p>	

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
Explanation of any answers and additional evidence:	
On each desk reception staff had small flip charts with flow charts to assist them in prioritising patients who were acutely unwell, for example, chest pains, difficulty breathing, sepsis. They also had flow charts for common conditions they helped direct the patient to the correct clinician or whether they needed to provide a sample, for example, urinary tract infections.	

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.	Partial
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:	
The practice received confirmation that referrals had been received by the referral service for two week wait referrals (referrals made when cancer is suspected) but there was no system to check that an appointment was then made.	

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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.89	0.91	0.91	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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	9.2%	10.6%	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 (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.13	5.69	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	2.29	2.13	2.13	No statistical variation

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>There were seven occasions at Wick Surgery since 01 February 2019 where the temperatures of the vaccine fridge had not been recorded. The practice had not acted to follow this up and there was no protocol for downloading and reviewing the data from the datalogger in the vaccine fridges if a temperature was not recorded.</p> <p>Since the inspection the practice told us they have downloaded the data from the data logger and confirmed that the temperatures had remained within an appropriate range on the dates where no temperature had been recorded.</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.	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.	Partial
Number of events recorded in last 12 months:	72
Number of events that required action:	72
<p>Explanation of any answers and additional evidence:</p> <p>Significant events were acted upon, recorded and we saw minutes of meetings where these were discussed, although some of the staff we asked were not aware of any recent significant events and told us they did not know how to access them.</p> <p>The practice had a system for recording incidents or near misses that did not meet the threshold for becoming a significant event. For example, a number of patients had provided blood pressure readings without any patient identifying information, the practice introduced a new protocol for handling blood pressure readings provided by patients to prevent this.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Difficulty in organising palliative care transfusion.	The practice has formed a palliative care support group, made up of a small group of staff, administration and clinical to coordinate palliative care for patients.
Results of a d-dimer blood test were not reported in a timely manner. D-dimer is a blood test used to measure a substance released when a blood clot breaks up.	The practice reviewed their protocol for d-dimer testing and carried out an audit of its use. A new protocol was introduced for in-house testing and re-audited three months later which showed an increase in same day testing (from 42% to 80%).

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Although safety alerts were acted upon and recorded we noted that it was not easy to locate the alerts and some of the clinical staff we asked did not know how to access them.</p>	

Effective

Rating: Requires improvement

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

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.71	0.76	0.79	No statistical variation

Any additional evidence or comments

The practice had made the following changes to its call and recall protocol, which included the exception reporting process. This came into effect on 9 November 2018, however it was too early to show at this inspection that these changes and their impact were embedded ;

- a lead clinician for exception reporting was confirmed.
- exceptions must be authorised by a clinician.
- a clinical risk assessment must be carried out and recorded by a clinician before a patient is exception reported.
- children are not exception reported.

The practice were proactive in managing their QoF and had reviewed the number of outstanding annual reviews and prioritised them based on clinical need. The practice planned the number of reviews that needed to be completed each month and reviewed the number of appointments available, where necessary the practice made more appointments available for annual reviews.

We saw meeting minutes where these changes were discussed and all staff made aware. We also saw evidence of a monthly audit that demonstrated progress was being monitored.

Unverified data provided by the practice demonstrated that the QoF results for 2018/19 had improved as the prevalence figures had increased and the overall exception rate decreased from 26.90% to 14.75%. Overall QOF score (out of maximum 559) 529. However, the data provided was not directly comparable with the published data from 2017/18 available to CQC.

Older people

Population group rating: Good

Findings

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice created a care plan with every patient who was seen for leg ulcer, the patient was given a copy of the care plan to take home with them.
- The practice assessed frailty using a standard frailty score and where appropriate referred to a local pro-active care centre. The pro-active care team also held monthly clinics in the practice.
- The practice had 517 patients (approximately 4% of the practice population) on the frailty register.

People with long-term conditions

Population group rating: Requires improvement

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.
- Nurses followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma and chronic obstructive pulmonary disease (COPD).
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- The practice nurses had noticed that patients with COPD often had diabetes also and they had created a register of these patients so they could offer appropriate support.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.9%	83.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	29.3% (314)	17.8%	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>	67.9%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.2% (163)	16.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.8%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	22.6% (242)	22.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.1%	68.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	29.4% (340)	15.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.7%	81.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	20.2% (96)	15.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.0%	78.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	13.8% (326)	6.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.4%	87.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (19)	6.8%	6.7%	N/A

Any additional evidence or comments

Staff described positive changes made to the recall system for managing patients with long-term conditions. Unverified data provided by the practice demonstrated that the QoF results for 2018/19 had improved as the prevalence figures had increased and the exception rate decreased. However, the data provided was not directly comparable with the published data from 2017/18 available to CQC. At this inspection it was too early to demonstrate that these changes were embedded as a solid improvement trajectory.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. Clinics were offered on different days each week and appointments were available until 4pm to allow children to attend after school.
- 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. These were identified with a code distinct to the standard "did not attend" code and followed up by a paediatric nurse. These were also reviewed by the safeguarding team weekly.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	201	219	91.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	197	217	90.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	200	217	92.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who	200	217	92.2%	Met 90% minimum

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				(no variation)
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Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice had recently started to offer 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. Blood test requests were followed up with the patient if they have not presented for the blood test within eight weeks.

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)	66.1%	73.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	58.0%	72.1%	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)	49.0%	60.6%	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)	81.4%	64.4%	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)	51.8%	49.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The learning disability register was approximately 1% of the patient list and were offered annual reviews by the paramedic team.
- The practice offered administrative support for patients who were homeless, such as using the practice address for correspondence and helping with forms.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice offered annual reviews as a home visit where appropriate.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

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 medication.
- 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.
- Nurses offered regular telephone calls for patients with diabetes and dementia during which they offered advice regarding insulin dosage, lifestyle management and answered any questions the patient had.
- A clinical pharmacist with experience in mental health ran a weekly clinic in the practice providing face to face reviews for patients experiencing poor mental health who also had a complex medication regime.
- The practice has recently started to host a psychotherapy counselling service who ran weekly clinics in the practice to support patients manage anxiety and long-term conditions.
- We saw evidence that the practice was trying to identify a quiet space that they could designate as a separate area where patients waiting for counselling appointments or those who found the general waiting areas stressful could wait for their appointments.

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)	67.3%	74.7%	89.5%	Variation (negative)
Exception rate (number of exceptions).	42.7% (82)	22.4%	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)	80.8%	79.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	32.3% (62)	17.4%	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)	69.5%	82.6%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	26.0% (46)	9.2%	6.6%	N/A

Any additional evidence or comments

Staff described positive changes made to the recall system for managing patients with long-term conditions. Unverified data provided by the practice demonstrated that the QoF results for 2018/19 had improved as the prevalence figures had increased and the exception rate decreased. However, the data provided was not directly comparable with the published data from 2017/18 available to CQC. At this inspection it was too early to demonstrate that these changes were embedded as a solid improvement trajectory.

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)	535.6	529.3	537.5
Overall QoF exception reporting (all domains)	11.4%	7.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a 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

- A single cycle audit demonstrated the effectiveness of the new protocol put in place to follow up patients who had not presented for blood test within eight weeks of the blood test request.
- Monthly audits were completed for prescribing, including opioid monitoring and QoF performance
- We saw audits were planned and relevant. We saw evidence of eight clinical audits, three of which were two-cycle.
- A two-cycle audit of each GPs medication review quality was carried out. The second cycle showed quality was being maintained.

Effective staffing

The practice was unable 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.	Partial
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
<p>The practice told us that the appraisals for one team were overdue and they had plans in place to complete these. We reviewed staff records and found that 12 appraisals across clinical and non-clinical teams were overdue.</p> <p>We noted that the practice was transitioning from one method of recording appraisal dates to another and found that the records conflicted or were missing dates. We also noted that on some occasions the dates reflected one to one meetings rather than annual reviews. Not all staff we spoke with understood the difference between the one to ones and annual appraisals.</p> <p>We noted that although GPs provided clinical supervision for paramedic practitioners they had not received any clinical supervision in the home visit environment.</p> <p>Recently employed staff we spoke with told us they were happy with their induction and felt it was thorough and appropriate. They were provided with an induction tailored to their role and a received a review after six weeks. The induction pack included information about what to do in an emergency.</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)	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

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>	91.2%	93.1%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.5% (22)	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.	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

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.	0
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Source	Feedback
Patient interviews	Patients we spoke with told us that the clinical staff were very thorough and they did not feel rushed.
Reception observation	We observed reception staff treating patients with dignity and respect, they were friendly and helpful.
NHS Choices	Comments had been provided by 21 patients since the CQC inspection in 2018. These were positive about the attitude of the GPs and other staff at the practice. They commented on GPs who took time to listen and receptionists who were helpful.
Healthwatch	Healthwatch told us they had received positive feedback regarding the nursing and paramedic teams.

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
15899	288	108	37.5%	0.68%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	85.6%	89.9%	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)	85.6%	88.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.2%	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)	78.0%	86.0%	83.8%	No statistical variation

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

Any additional evidence
The practice has participated in public meetings regarding the future of the GP surgeries in the locality.

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
Interviews with patients.	Patients we spoke with told us that they felt GPs and nurses listened to them. They told us GPs and nurse gave clear explanations of treatment options and they felt they were involved in decisions about their care.

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)	91.5%	95.0%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 375 patients as carers; this represented approximately 3% of the practice list. The practice told us that approximately 90 of the patients had only recently been identified and they hadn't been contacted yet by the carers champion.
How the practice supported carers.	<p>The practice had a carers champion, a member of staff whose role included supporting carers. When a carer was identified they were contacted by the carers champion to offer support and identify their needs. The carer was then provided with a tailored carer's pack which included information relevant to their situation, for example, support groups that could help. The carers champion also had strong links with local youth organisations which helped them to support young carers.</p> <p>There was also information in the waiting room and on the practice website which signposted carers to organisations which provided support for carers.</p>
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them.

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.	Partial
Explanation of any answers and additional evidence: At Fitzalan Road telephone calls were answered away from the reception desk, in the reception back office which was separated from the patient facing reception desk by glass doors. Wick Surgery did not receive incoming telephone calls from patients, all calls were handled at Fitzalan Road. The waiting area at Fitzalan Road was separated from the reception desk by doors although at times we observed patients queuing in the reception area. The practice operated a "P" card system, these were small cards marked with a P and a sign advising patients if they would like to speak in private to hand one of the P cards to the receptionist. A private room was available if patients were distressed or wanted to speak privately. There was a blood pressure machine in the reception area for patient use, we noted that there was no privacy for patients using the machine.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a clinical member of staff who could communicate through sign language and there were other staff who spoke languages other than English.</p> <p>Staff gave us examples of how they had used a telephone interpreting service and a face to face translator. They also gave us an example of how they had used a relay service to communicate on the telephone with a patient who was deaf.</p>	

Practice Opening Times – Fitzalan Road	
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
Extended hours:	
Monday	6:30pm to 8PM GP appointments
Tuesday	7:30am to 8am Nurse and HCA appointments 7:30am to 8am pre-bookable triage appointments
Wednesday	6:30pm to 8PM GP appointments 7:30am to 8am pre-bookable triage appointments
Thursday	7:30am to 8am Nurse and HCA appointments
Friday	7:30am to 8am Nurse and HCA appointments 7:30am to 8am pre-bookable triage appointments

Practice Opening Times – Wick Surgery	
Day	Time
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 12:30pm
Extended hours	
Wednesday	7:30am to 8am Nurse and HCA appointments

Any additional evidence or comments

The practice offered online consultations and a GP led triage system for on the day appointments. They also offered home visits from paramedic practitioners throughout the day.

The triage lead GP was located in reception in the morning to assist receptionists with providing the most appropriate appointments for patients.

Through a network of local GP practices patients could access GP and nurse appointments until 8pm weekdays and at the weekend at various locations in Coastal West Sussex.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15899	288	108	37.5%	0.68%

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)	98.6%	96.1%	94.8%	Tending towards variation (positive)

Older people

Population group rating: Good

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 operated a triage system for home visits. Paramedic practitioners and GPs were available each day to carry out home visits.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 had adopted a new pathway to access a local chronic obstructive pulmonary disease (COPD) specialist nurse. Annual reviews could be carried out in a home setting where appropriate. The practice recently started hosting a weekly clinic run by a local service who provided psychological therapists to help people who were struggling with managing a long-term condition.

Families, children and young people

Population group rating: Good

Findings

- The practice had employed a paediatric nurse who offered same day and respiratory clinics for patients under the age of 18 years.
- 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 triaged and were offered a same day appointment when clinically necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online consultations which had an uptake of approximately 100 consultations per month.
- 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 until 8pm weekday evenings, Saturday and Sunday.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Where appropriate annual reviews for patients with a learning disability, chronic obstructive pulmonary disease (COPD) or diabetes were offered by paramedic practitioners in the home setting.
- The practice had formed a support group for patients who were reaching end of life. This group had met with some patients who had experienced palliative care in their family to determine what support this group of patients required.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Requests for home visits were assessed by the GP led triage team and were carried out by paramedic practitioners and GPs.	

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)	73.7%	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)	66.5%	71.1%	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)	69.2%	67.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	76.6%	77.9%	74.4%	No statistical variation

Source	Feedback
Patient interviews	Patients were positive about the triage system and told us they normally found it easy to access care. One patient told us they sometimes struggled to get an appointment and two patients commented that there were long waits on the telephone before they could speak to someone.
Friends and family test results	Two patients had provided comments since the CQC inspection in August 2018. These reviews were both negative about accessing care.
NHS Choices	Comments had been provided by 21 patients since the CQC inspection in 2018. These were mostly positive about appointments, but three were negative giving examples of difficulty in accessing care.

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.	26
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Examples of learning from complaints.

Complaint	Specific action taken
Two complaints were regarding a lack of GP follow up after hospital admission.	The practice has put in place a new protocol to ensure that hospital discharges are flagged and followed up appropriately. We saw evidence that this had occurred and minutes of meetings where it was discussed.

Well-led

Rating: Requires improvement

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.	Partial
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 was receiving support from the local GP federation. The federation had provided a GP to act as clinical lead and a practice manager to support the management team for up to twelve months with a gradual withdrawal at an appropriate time. In addition, the practice has also recruited a new practice manager who has been in post approximately six months. We saw evidence of a weekly newsletter that was sent to all staff, this included information such as which days management staff were away from the practice, reminders, updates from each team and praise for work done well. Staff we spoke with told us that they found this useful and it had been running for approximately one year.	

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 practice was working with other practices in the locality to plan for future provision of GP services.	

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 an emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff immunisations were not maintained in line with current Public Health England guidance.</p> <p>Staff told us they felt well supported by the practice and their well-being was important to the leadership team. They also told us they felt respected and that the practice tried to support a good work life balance.</p>	

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

Source	Feedback
Staff interviews	Staff we spoke with told us that the culture of the practice had changed in a positive way since the CQC inspection in December 2017. They also told us that they felt when the practice face challenges they responded professionally and all worked together as a team to solve problems. Staff we spoke with expressed concern about what would happen when the federation support was withdrawn but hoped that the changes were embedded and would be sustained.
Staff interviews	Staff we spoke with gave us examples of there they had made suggestions to the practice which were listened to and acted upon. For example, the nursing team suggested the creation of a specific register of patients with diabetes and COPD. The nursing team also led on hosting the counselling service for anxiety and long-term conditions. Administration staff told us they had requested more space and they were relocated in a bigger room.
Staff interviews	Staff were very positive about the support and flexibility they received both professionally and personally. They gave examples of the practice getting together for social event's such as Christmas meals, birthdays and events.
Staff interviews	Staff we spoke with told us about difficult times and personal crises they had experienced where the practice and the whole team had rallied round to support them.
Staff interviews	Reception staff told us how much they valued the triage lead GP being based in reception for the first few hours of each day. They told us this had helped to develop their knowledge of signposting and felt more confident. They also told us they felt this benefitted patients.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: We noted that there were discrepancies between the old recording system and the new system the practice was transitioning information to. Management staff we spoke with were not aware of these discrepancies until it was brought to their attention during the inspection, for example, annual appraisal dates. Some staff we spoke with were not clear about their role or responsibility in managing risk.	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
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
<p>Explanation of any answers and additional evidence: We saw evidence of appraisal and one to one meetings but noted twelve appraisals were overdue.</p> <p>The arrangements for managing risk were not clear, actions taken were not recorded or reviewed. Risk was not managed in appropriate timescales. Some staff we spoke with were not clear about risk management responsibilities.</p>	

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved, 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

Feedback from Patient Participation Group.

Feedback
The patient participation group had recently reformed and only had two meetings so was too early to see evidence of impact from this group. However, they told us they were very positive about working with the practice in the future.

Feedback from Healthwatch.

Feedback
Feedback from Healthwatch was mixed regarding access to care and the practices response to concerns raised. They had received positive feedback regarding the nursing and paramedic practitioner teams.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice had introduced a new web-based sharing, compliance and collaboration platform designed to support primary care organisations. The practice has planned that this system will become the primary repository of information and shared learning.	

Examples of continuous learning and improvement
There was a comprehensive schedule of audits planned and we saw evidence of responsive audits following significant events. We saw unpublished data which demonstrated the changes the practice had made to the way it managed QoF had resulted in improvement, with exception reporting significantly reduced.

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 practices 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.