

Care Quality Commission

Inspection Evidence Table

Tenbury Surgery (1-564167082)

Inspection date: 12 March 2019

Date of data download: 27 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

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

Safeguarding	Y/N/Partial
desktops. One of the GPs was the named lead and although all staff had completed safeguarding training and were actively engaged in ensuring patients were protected, we evidenced that practice nurses was not trained to level three for children and adults. On the day of inspection, the practice confirmed they would take appropriate steps to ensure nurses were trained to level three.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice could evidence that the appropriate recruitment policies and staff induction processes were in place. The practice maintained staff vaccinations in line with Public Health England guidance and could evidence they had group medical indemnity insurance in place.</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: 25/05/2018	Y
There was a record of equipment calibration. Date of last calibration: 22/01/19	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 13/09/18	Y
There was a log of fire drills. Date of last drill: 25/10/18 – copy in staffroom	Y
There was a record of fire alarm checks. Date of last check: weekly tests Tuesday 8am	Y
There was a record of fire training for staff. Date of last training: 18/01/19	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 11/7/18 – last done 16/01/18	Y
Actions from fire risk assessment were identified and completed. Following a fire risk assessment at Clee Hill branch surgery the practice was advised to have hard wired smoke detectors installed. The practice confirmed that this had been appropriately actioned.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 06/02/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 04/10/18	Y
Explanation of any answers and additional evidence: The practice had employed an external consultant to review their health and safety risk assessments. We saw evidence of COSHH files and a legionella risk assessment. The last water inspection was carried out on 26/02/19 however the practice confirmed they also carry out monthly water checks to the temperatures of the water taps in the building.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: December 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was a lead nurse for infection control. The practice had carried out an infection control audit in the past twelve months. Appropriate actions were taken, for example replacing a chair in the reception area and ensuring posters for needlestick and sharps injuries were visible in all areas.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

The practice receptionists could explain the process they would undertake for deteriorating patients and had a clear protocol in place which ensured a patient with those symptoms were seen quickly. Staff were able to give examples of events, for example where a receptionist had acted promptly due to the symptoms of an infant. This resulted in an ambulance being called after the GP was alerted and noticed they had symptoms of sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a system where by all test results were recorded and then actioned when results had been received to ensure these were followed through appropriately. There were buddying systems in place to ensure that test results were viewed and actioned appropriately. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority – NHSBSA)	1.02	1.06	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)	13.2%	10.1%	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)	6.56	5.70	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)	3.07	2.26	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
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.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Partial
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.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
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.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Partial
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <p>Although we found dispensary staff had received appropriate training there was no records of any competency assessments that had been carried out. The practice told us they would ensure that this would be carried out by the clinical pharmacist.</p> <p>Controlled drugs were kept securely, however we found that when drugs are dispensed to patients their full address details were not being recorded in the controlled drugs register. We also found that significant events for the dispensary were recorded appropriately however we could not find any evidence that near misses were recorded and reviewed regularly. On the day of the inspection we spoke with the practice manager and clinical pharmacist about these issues who told us this had been discussed with dispensary who were aware of this guidance and they would ensure that this was taking place and being recorded correctly.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	21
Number of events that required action:	21
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
The practice was notified by the police of prescription theft by a member of staff.	The practice worked with the NHS fraud team to track 105 stolen prescriptions. All dates and tracking numbers were reviewed. This was discussed in a practice meeting and with all staff members to be vigilant in the practice. Managers met with the fraud team to review the incident. Prescription locks were purchased for computers and the process for security was reviewed in the practice.
A request for a home visit was not carried out for a patient.	The patient was offered an apology and a visit was carried out. The process for handling home visit requests was reviewed with reception staff and refresher training was undertaken.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
There was a policy and process for receiving and acting on safety alerts. These were received by the practice manager, an administrator and dispensary staff. The information was cascaded to the relevant clinicians for action. All alerts were recorded and discussed in clinical meetings.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

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>	0.87	1.03	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age. The practice carried out home visits when required.

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.
- 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.
- The practice had a diabetes specialist nurse who offered diabetes insulin initiation.
- The practice carried out dermatology appointments and a GP had an interest in dermatoscopy (examination of skin conditions).
- 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) (QOF)	74.6%	82.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.9% (33)	11.6%	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) (QOF)	72.4%	81.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.8% (49)	6.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.1%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.4% (58)	12.8%	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>	68.4%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (40)	5.3%	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>	89.4%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.7% (17)	9.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.8%	86.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.1% (59)	2.7%	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)	83.5%	94.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.1% (19)	9.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DtaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	74	78	94.9%	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)	70	79	88.6%	Below 90% minimum (variation negative)
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)	70	79	88.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	70	79	88.6%	Below 90% minimum (variation negative)

Any additional evidence or comments

Three out of four childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. We discussed this with the practice who told us that they were actively monitoring and reviewing non-attenders. Unpublished data confirmed that the practice was above the immunisation target rates for 2018 to 2019.

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.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	74.6%	74.5%	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)	82.9%	75.4%	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)	61.3%	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)	81.5%	75.0%	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)	61.4%	54.3%	51.9%	No statistical variation

Any additional evidence or comments

We reviewed the data for cervical screening as this was 74.6%, which although above local and national averages, was below the 80% coverage target for the national screening programme. The practice told us that the health care assistant was proactively following up non-attenders and flags were put on patients notes to prompt discussion when attending for routine appointments.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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

People experiencing poor mental

Population group rating: **Good**

health (including people with dementia)

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.
- 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)	92.0%	92.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.3% (7)	10.9%	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)	85.7%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (1)	8.1%	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)	83.6%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (2)	3.8%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546.6	554.2	537.5
Overall QOF exception reporting (all domains)	3.9%	5.1%	5.8%

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

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

The practice carried out a two-cycle audit to assess whether the prescribing of co-amoxiclav,

cephalosporins and quinolones are in line with best practice guidelines. The first cycle showed that the practice was 73% compliant to the guidelines and 50% of patients were at the correct dose. The second audit found that the practice was 49% compliant to the guidelines and 74% were at the correct dose. Due to the reduction in compliance the practice was investigating and put an action plan in place to discuss the findings from the audit at a clinical governance meeting and review this again in twelve months-time.

The practice carried out a two-cycle audit for oral anticoagulation in patients with atrial fibrillation (heart condition). The first audit found that 63% of patients were on the correct medicines. The second audit found an overall improvement with 84% of patients treated correctly and 100% having a CHA2DS2-VASc score (a clinical score for estimating the risk of stroke).

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective	Y

processes to make referrals to other services.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice could evidence that they had established positive working relationships with neighbouring practices and multidisciplinary teams. As one of three practices in the neighbourhood team they were working on social prescribing initiatives to meet the needs of their rurality of patients in the locality.</p> <p>The practice had established positive relationships with the local community hospital and provided a weekly ward round. In addition, they had a positive relationship with the proactive care team (PACT) and had a nurse who was attached to the practice. We spoke with the PACT nurse on the day our inspection who told us that they worked very closely with the practice to arrange proactive visits to patients in the community. The practice communicated well to prioritise home visits and they met weekly to discuss cases and complete virtual ward rounds. The PACT nurse was not employed directly by the practice but was very complimentary of the support the practice gave her. For example, monthly clinical supervision by the GP and an opportunity to observe medical students.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice funded their own care navigator who was also the carers lead in the practice. They had created a directory of services to support patients in the local community and could refer patients directly.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.7%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (11)	0.4%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR).	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	19
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	17 of the 19 comment cards were complimentary about the care patients received from the practice. Feedback included the staff were caring, helpful, friendly and treated patients with dignity. One mixed feedback was difficulty getting an appointment, whilst one negative comment related to being unhappy having to make an appointment to receive their results.
Patient discussions	Two of the three patients we spoke with on the day of inspection reported that they had enough time during their consultation and they did not feel rushed. However, one patients told us that it depended on which clinician you saw.

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
9422	231	132	57%	1.40%

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)	98.7%	93.2%	89.0%	Variation (positive)
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)	98.1%	90.8%	87.4%	Variation (positive)
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)	100.0%	96.9%	95.6%	Significant Variation (positive)
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)	95.8%	88.2%	83.8%	Variation (positive)

Any additional evidence or comments

The National Patients Results for 2018 could evidence that the practice was consistently higher than local and national averages relating to care and treatment. The practice had been ranked fourth out of 32 practices locally for their patient feedback results.

Question

Y/N

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

Y

Any additional evidence

The practice completed a monthly 'Friends and Family' satisfaction audit. The latest results showed that 90% of patients were extremely likely or likely to recommend the practice to friends and family.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The care navigator employed by the practice took a lead in signposting patients to all aspects of social prescribing.	

Source	Feedback
Interviews with patients.	Patients we spoke to on the day of inspection said they felt fully involved in their care and treatment and had no concerns.

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	97.9%	95.3%	93.5%	No statistical variation

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

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice waiting area was split into two waiting areas and had a number of leaflets, literature and noticeboards available to patients such as:</p> <ul style="list-style-type: none"> • Children's area with toys and books, information on family support, healthy initiatives, cervical screening, pregnancy and breastfeeding. • Sepsis, organ donor, antibiotics, Tenbury hospital blood clinic. • Mental health support, domestic violence, substances misuse bereavement services. • Carers board, complaints board, community initiatives such as strength and balance classes. • The practice also provided a hearing loop, wheelchairs and an area to place pushchairs whilst in the practice. 	

Carers	Narrative
Percentage and number of carers identified.	The practice identified 116 carers which represented 1% of the practice list size.
How the practice supported carers.	The practice had a carers' lead who was also the care navigator. They would proactively identify patients who were carers when they first registered with the practice and through discussion. The practice had carers' board in reception and a directory of local support to signpost patients for support and advice. Carers were offered flu immunisations and the practice engaged with the local carers' association and annual carers week.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis. This included a telephone call or appointment should patients request this. Patients could be signposted to bereavement support services or local organisations.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice reception desk was set back from the reception waiting area and music was playing in the reception area to reduce conversations being overheard. Staff we spoke with recognised patients' dignity and respect and told us they could use a private room if patients wanted a private discussion.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had taken an active role to engage with the rural community in aspects of social prescribing since 2017. It had secured funding for a social prescribing project with a neighbouring team to reach out to services in the local community to create a directory to enhance residents' health and wellbeing. They continued to build on this by initiating a social prescribing event in October 2018 which was attended by 40 local services. The day included an afternoon tea and jazz event which brought community services together and increased an awareness of the services available. In addition, the practice employed their own care navigator who was also the carers lead. All staff could refer patients in need of social prescribing, advice and support. The practice looked after 19 beds at Tenbury local hospital and a GP undertook a weekly ward round as well as being on call throughout the day and early evening. The practice had been instrumental in working with the hospital to support discharges. In times of bed shortages, the practice often looked after an additional three beds to assist the hospital in discharges. The practice felt their role helped to prioritise the needs of their patients being admitted into hospital and on discharge due to the continuity of care and the close links they had with secondary services. The practice attended several meetings which included multidisciplinary meetings, palliative care meetings, care home meetings, proactive care team (PACT) nurse meetings, neighbourhood team meetings and multidisciplinary meetings at the hospital with the district nurses and occupational therapists. 	

Practice Opening Times	
Day	Time
Opening times:	Tenbury Surgery
Monday	8am – 6.30pm

Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Opening times:	Clee Hill Branch Surgery
Monday	8am – 1pm
Tuesday	1.30pm – 6pm
Wednesday	8am – 1pm
Thursday	3pm – 6.30pm
Friday	8.15am – 12pm
Appointments available:	Tenbury Surgery
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	Clee Hill Branch Surgery
Monday	8am – 1pm
Tuesday	1.30pm – 6pm
Wednesday	8am – 1pm
Thursday	3pm – 6.30pm
Friday	8.15am – 12pm
	<ul style="list-style-type: none"> • The practice provided an open surgery at Clee Hill and patients are seen the same day. When the surgery is closed patients can contact Tenbury Surgery. • The practice is open on a Saturday 8am – 12.40pm • The practice is part of the GP federation and extended hour appointments are also available at practices based throughout Worcestershire. These included appointments from 6.30pm to 8pm on weekdays and during the day on Saturdays and Sundays.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9422	231	132	57%	1.40%

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)	99.3%	95.6%	94.8%	Variation (positive)

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients.
- The GP carried out a weekly ward round at the local care home and community hospital.
- The practice coordinated home visits with a nurse practitioner and PACT nurse.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- Appointments were available throughout the week for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held weekly midwife clinics.
- The practice offered a full range of family planning services such as intra-uterine device (coil) insertion, barrier contraception hormone contraceptive implants, injections and sexual health advice.
- The practice building was suitable for children and babies with changing, feeding facilities and a designated children's corner in reception.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Same day appointments or walk in appointments were available for patients.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Appointments were available to all patients at the practice on a Saturday.
- Pre-bookable appointments were available to all patients at the practice as well as at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday from 10am until 1pm at hubs across Worcestershire.

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.

**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.
- The practice held counselling sessions and mental health clinics.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system where all requests for home visits were recorded and if deemed appropriate were allocated by the head receptionist and a duty doctor. Home visits were carried out by the GPs, care home nurse practitioner and the proactive care team (PACT nurse). Whilst carrying out a home visit the practice had remote access to their systems so home visits could be recorded whilst on-site.</p> <p>The practice was very flexible in seeing patients and told us they often saw patients for appointments beyond the agreed contract time of 6.30pm. The practice showed us evidence of past appointments where extra slots were added and patients were seen until late in the evening. The practice told us they were committed in ensuring that all patients had access to an appointment.</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)	93.7%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	85.2%	73.2%	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)	79.7%	68.9%	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)	78.3%	78.9%	74.4%	No statistical variation

Source	Feedback
Comment cards	Feedback from comment cards told us that patients were satisfied with the availability of appointments in the practice.
Patient discussions	All the patients we spoke with on the day of the inspection told us the practice were flexible in their appointments.

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.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We noted that five out of the twelve complaints in the last 12 months was regarding the attitude and behaviour of a GP who has since left the practice.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained that they had not been contacted by the practice following a cancer diagnosis from secondary services.	The practice explained that they were still awaiting the results from secondary services and arranged a home visit to the patient to follow up their needs.
A patient complained about the behaviour and mannerism of a GP during a consultation.	The practice telephoned the patient and apologised. The matter was discussed by the GP at length and an apology letter was sent to the patient.

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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>Leaders were knowledgeable about issues and priorities relating to the quality and the future of services. In particular they had concerns about the practicalities of the building as this was a former police station and was situated on the high street with limited parking. The practice told us they had recently had a business case approved and were looking to secure new building premises or consider extending the building.</p> <p>The practice was part of the neighbourhood rural team who were working together to make changes locally. For example, the practice was involved in social prescribing initiatives and were looking at ways to support the community.</p> <p>Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available. There was regular communication in the practice and staff had assigned lead roles for service delivery.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

The practice had a comprehensive and vision and values which was:

- To offer safe, effective care for our patients;

Its Values and purpose was:

- To deliver high quality, safe, effective and confidential services and environment;

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff felt they were well supported in their roles and were able to share any concerns with the leadership team. Staff felt that there was an open-door policy and staff were approachable and worked together to achieve the best possible outcomes for their patients. Staff had access to all policies on their computer desktop. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Reception staff told us that the majority of staff worked full time hours over four days and this had been changed following feedback from staff. The practice had changed this to enable staff to have the flexibility of having one day off during the weekday to give a greater work life balance. Staff told us the practice regularly held social events which included barbecues, craft events and canoeing. 	

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

Source	Feedback
Staff discussions	Staff told us that they worked well and supported each other as a team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support

good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">Structures, processes and systems to support good governance and management were well established, clearly set out, understood and effective. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness.Governance arrangements were proactively reviewed and reflected best practice. Clinicians had clinical leadership responsibilities and this included ensuring information and best practice guidance was up to date and accessible to the whole practice team.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The practice had a protocol and buddy arrangements in place for actioning results.	

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
The practice had recently reformed the PPG and had 100 virtual members, as well as a number of active members. We met with one member of the PPG who confirmed that the group had recently met with the practice and they were in the process of working on new initiatives to support the practice in the future.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice was a training practice and regularly hosted students from Keele University. At the time of our inspection they were in the process of recruiting a GP to enable them to commence registrar training.
- As part of the neighbourhood team initiative the practice was in the process of funding clinical psychology support for children in schools based on the Sheffield model (a programme to improve emotional health and wellbeing to school children).

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.