

Care Quality Commission

Inspection Evidence Table

The New Surgery (1-4628714978)

Inspection date: 20 March 2019

Date of data download: 12 March 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

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

- The practice's systems and processes to keep people safe were not always comprehensive.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation were insufficient.
- The practice did not have an appropriate system in place for recording and acting on safety alerts.

Safety systems and processes

The practice's systems, practices and processes to keep people safe and safeguarded from abuse were not always comprehensive.

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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. All staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, non-clinical staff and one member of the nursing team were required to complete a higher level of safeguarding training. The practice took immediate action and following our inspection they provided us with confirmation that those staff had completed the required levels of training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
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>During our inspection, we saw that four staff (three clinical and one non-clinical) were recorded as not having received the measles, mumps and rubella (MMR) vaccination. One member of clinical staff was recorded as not having received the varicella (chickenpox) or BCG vaccinations. Another member of clinical staff was recorded as not having completed their Hepatitis B vaccinations. There were no risk assessments in place for these staff. The practice took immediate action and following our inspection, they provided us with confirmation that those staff had either received the required vaccinations at the practice, provided a positive antibody test, or provided evidence of a history of infection where this was permissible.</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: 2 January 2019	Y
There was a record of equipment calibration. Date of last calibration: 14 January 2019	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: 27 February 2019	Y
There was a log of fire drills. Date of last drill: 11 March 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly in March 2019	Y
There was a record of fire training for staff. Date of last training: Various between March 2018 and March 2019	Y
There was a fire marshal/warden.	Y
A fire risk assessment had been completed. Date of completion: February 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 7 January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 7 January 2019	Y
Explanation of any answers and additional evidence: A Legionella risk assessment was completed in November 2017. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). In adherence with the assessment's recommendations, the practice completed regular water temperature checks. These showed hot and cold water temperatures were within the required levels.	

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: 4 March 2019	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: We saw the practice was visibly clean and tidy. A cleaning contract was in place and monthly cleaning standard check reports were available. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. Regular and comprehensive infection control audits were completed. All staff had completed infection control training and the staff we spoke with were knowledgeable about infection control processes relevant to their roles.	

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:	

During our inspection, we saw that built-in emergency buttons were available on the computers throughout the practice.

The staff we spoke with said temporary staff, including agency nurses and locum GPs were rarely used at the practice, although a suitable induction process was in place for these staff if required. The practice was part of a wider provider group of practices and most staff were trained and able to work from the various provider sites. This assisted in providing an effective response to planned or unplanned staff absence.

We saw that in March 2019, the clinical pharmacist based at the provider's main practice site had presented an educational session on sepsis to staff at The New Surgery. The staff we spoke with demonstrated a good understanding of the condition and their role in identifying patients with presumed sepsis and ensuring their urgent clinical review.

Information to deliver safe care and treatment

Staff did not always have 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.	N
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:	
During our inspection, we found that the practice's electronic systems and patient records were mostly maintained to a high standard. There were some exceptions to this which impacted on patient care. We saw that of two 'was not brought' children, one had been miscoded on the patient record system. Consequently, there was no record of the practice's response to that event. ('Was not brought' is a term used to refer to children who were not taken to clinic appointments. As children, it is not their responsibility to attend an appointment, but a parental responsibility to take them).	
We saw that seven of the 31 pre-diabetic patients had been coded as such on the practice's patient record system. The remaining 24 patients were not appropriately coded. Consequently, those 24 patients were not referred to the national diabetes prevention programme.	

Appropriate and safe use of medicines

The practice did not have adequate systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.54	0.92	0.94	Variation (positive)
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)	11.0%	9.3%	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)	8.46	5.95	5.64	Significant Variation (negative)
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)	3.09	1.75	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.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	N

Medicines management	Y/N/Partial
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.	Partial
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.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice's lower than local and national averages prescribing of antibiotics demonstrated good medical practise and adherence to national guidelines. The practice demonstrated that its higher than local and national averages prescribing of Nitrofurantoin (a type of antibiotic) was due to a patient prescribed the medicine on a long-term, prophylactic (preventative) basis. We saw this continued with the patient's informed consent and records showed this was a clinically appropriate course of action in this case.</p> <p>There were systems in place to monitor the use of blank prescription forms. These were securely stored before they were allocated to GPs. Once allocated, prescription forms were stored in consultation room printers until used. These were not always secure.</p> <p>Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Not all nurses had signed to confirm their review and understanding of these. We were told the nurses worked at various practices in the provider group and would have reviewed and signed the same PGDs at the provider's main practice site.</p> <p>The practice took immediate action and following our inspection, they provided us with confirmation that blank prescription forms were securely stored when consultation rooms were not in use and that all nurses had reviewed and signed the PGDs at The New Surgery.</p>	

Medicines management	Y/N/Partial
<p>We saw the practice obtained, stored and monitored vaccines appropriately. There was no data logger in the vaccine fridge. Data loggers are useful to gain more detailed information about the fridge temperature if there is a cold chain failure, for example a power cut.</p> <p>During our inspection, we found the practice's systems indicated they were considerably behind on patient medicine reviews. Practice records showed approximately 30% of the reviews had been completed in the past year. During interviews, clinical staff assured us the medicine reviews were done, but they were not always registering completion of the process using the appropriate tick box on the clinical system. We saw no evidence to contradict this position.</p> <p>We saw that medicines prescribed to patients on a repeat basis in secondary care (hospital) were not always listed on the repeat prescription templates used by GPs at the practice. Only repeat medicines prescribed by the GPs were listed and they were not alerted to all the medicines prescribed to patients when providing care and consultation to them.</p> <p>We reviewed the 39 patients on any one of four different types of high risk medicines. For 37 of the patients, we found their care, treatment and review was well managed. The GPs didn't have sight of the secondary care monitoring results for two of these patients and therefore didn't complete the appropriate clinical review of these patients before prescribing their medicines.</p>	

Track record on safety and lessons learned and improvements made

There was evidence the practice learned and made improvements when things went wrong. The system for recording and acting on safety alerts was not sufficient.

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:	Two
Number of events that required action:	Two
<p>Explanation of any answers and additional evidence:</p> <p>There was an effective system in place for reporting and recording incidents and significant events. The staff we spoke with were clear on the reporting process used at the practice and we found that lessons learnt were shared to make sure action was taken to improve safety in the practice.</p>	

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

Event	Specific action taken
A patient's concern about their clinical care was not appropriately brought to the attention of a GP.	The practice's website was updated with a message to patients about the appropriate process for raising clinical concerns with the GPs. Staff were also reminded about the process to follow.
A patient's relative raised concerns about communication between primary and secondary care (the GP practice and a local hospital).	An arrangement was reached to ensure all communication and related documentation about the patient was shared in a specific way between the hospital and the practice.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	N
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection, we saw that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received directly by the GPs at the practice. No log was maintained to confirm that each GP had received and reviewed the alerts. MHRA alerts weren't a standing item on the clinical meeting agenda. There was no process in place for the practice to assure itself all MHRA alerts were received, reviewed and discussed and that the appropriate action was taken in response to the alerts. We looked at examples of MHRA alerts received at the practice and found these were managed appropriately. We saw a process was in place to ensure all applicable staff received non-MHRA patient safety alerts and appropriate action was taken to respond to these.</p> <p>The practice took immediate action and following our inspection, they provided us with confirmation that a process to manage MHRA alerts had been implemented and was overseen by the dispensary manager at the provider's main site.</p>	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The practice had systems in place to keep all clinical staff up-to-date. Staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and templates based on best practice guidelines. They used this information to deliver care and treatment that met patients' needs.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.24	0.65	0.81	Variation (positive)

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.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 492 patients aged over 65 years. Of those, 352 (71.5%) had received the flu vaccination at the practice in the 2018/2019 year.
- Staff could recognise the signs of abuse in older patients and knew how to escalate any concerns.

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 GPs 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.
- Adults with newly diagnosed cardio-vascular disease and prescribed statins had their care appropriately managed at the practice.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patient with atrial fibrillation were assessed for stroke risk and treated as appropriate.

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)	83.2%	78.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.6% (15)	15.4%	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	78.1%	76.5%	77.7%	No statistical variation

months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	12.7% (14)	11.1%	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>	75.5%	79.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.9% (12)	13.6%	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%	75.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (6)	5.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.0%	90.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (1)	9.5%	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)	85.1%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.0% (11)	3.7%	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)	88.9%	91.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (1)	6.1%	6.7%	N/A

Any additional evidence or comments

During our inspection, we reviewed the care provided to patients with long-term conditions and found these patients had received appropriate reviews or had been invited for a review. We found the practice had an organised approach towards managing these patients.

We found the practice's lower than local and national averages prescribing of hypnotics demonstrated good medical practise and adherence to national guidelines.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the national and World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception. A range of contraceptive and family planning services were available.
- There were six-week post-natal and child health checks.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	17	17	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	19	19	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	19	19	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	19	19	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had 795 patients eligible to receive a NHS health check. Of those, 311 (39%) had received the health check with 132 of those completed in the past 12 months.
- Patients could book or cancel appointments online and order repeat medicines 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) (PHE)	75.5%	73.0%	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)	72.5%	69.7%	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)	58.7%	55.2%	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)	55.6%	75.8%	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)	50.0%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

There was evidence to suggest the practice encouraged its relevant patients to engage with nationally run and managed screening programmes.

We looked at the practice's current unverified data on the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis. This had improved from 55.6% in the year ending March 2018 to 100% (seven patients in total). We were aware that up to 1 October 2017, the contract for this practice was held by a different provider.

Public Health England data for the year April 2017 to March 2018 showed the practice was similar to local and national averages for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. We spoke with practice staff about their efforts to achieve 80% attainment (the threshold set for the National Health Service Cervical Screening Programme to be effective). We found the practice operated a comprehensive reminder system for patients who did not attend for their cervical screening test. They demonstrated how they encouraged uptake of the screening programme, for example, by ensuring a female sample taker was available. There were now two practice nurses available to complete cervical screening as opposed to one for the majority of 2018. We looked at the practice's current unverified data and saw that 458 (80%) of the 570 eligible patients had attended for a cervical screening test.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- 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.
- Practice staff were part of a multi-disciplinary team who provided care and treatment to housebound patients.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All clinical staff had completed training in mental capacity and Deprivation of Liberty Safeguards (DoLS).

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)	100.0%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.3% (1)	8.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.9%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (1)	7.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.9%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (1)	4.8%	6.6%	N/A

Monitoring care and treatment

The practice had a 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)	559.0	537.2	537.5
Overall QOF exception reporting (all domains)	5.2%	5.2%	5.8%

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

<p>We looked at the details of three clinical audits undertaken in the past year. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary. Findings were used by the practice to improve services.</p> <p>The practice completed an audit to check adherence to guidelines that patients who had a splenectomy have their pneumococcal immunisation every five years. By analysing the results and modifying its approach to the management of these patients, the practice increased the relevant patients immunised in accordance with guidelines to 100%.</p> <p>An audit was completed to monitor the estimated glomerular filtration rate (EGFR) in patients taking Metformin. (The EGFR is a way of checking how well a person's kidneys work and Metformin is a medicine used to treat type-two diabetes). Having completed the first cycle of the audit, results showed the practice was meeting the standards set. A further cycle of the audit was planned.</p>
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Effective staffing

The practice could 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.	N
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:	
The practice had an induction programme for all newly appointed staff. This had recently been	

redeveloped and a revised comprehensive induction was being piloted for new non-clinical staff.

Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included role-specific training and updating for relevant staff, the use of an e-learning facility and quarterly protected learning sessions divided between local Clinical Commissioning Group (CCG) target days and the practice's own development days.

At the time of our inspection, all but two staff had received an appraisal in the last 12 months. The two non-clinical staff were overdue an appraisal by one month.

The healthcare assistants (HCAs) at the practice were originally employed before April 2015. The Care Certificate didn't form part of their induction. Recently, both HCAs at The New Surgery had been offered and had accepted participating in completion of the Care Certificate following positive feedback from a colleague at another of the provider's practices.

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 three monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF).	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place monthly. These patients' care plans were routinely reviewed and updated.</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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.7%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.3% (7)	0.7%	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: We saw the process for seeking consent was well adhered to and examples of documented informed patient consent for recent procedures completed at the practice were available.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.	

CQC comments cards	
Total comments cards received.	42
Number of CQC comments received which were positive about the service.	36
Number of comments cards received which were mixed about the service.	Six
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC comments cards	The 42 patient Care Quality Commission comments cards we received were positive about the service experienced and staff behaviours. Patients said they felt the practice offered a very good service and staff were kind, helpful, friendly and professional and treated them with dignity and respect. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.
Patient Participation Group (PPG) interview	Feedback from the PPG interview was that staff at the practice provided a very caring, respectful and helpful service to patients.

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
2,400 (at the time of the survey)	230	109	47.4%	4.54%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	96.3%	89.8%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.0%	88.9%	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)	99.0%	97.2%	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)	91.5%	87.7%	83.8%	No statistical variation

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

Any additional evidence
The practice reviewed and analysed the results of the National GP Patient Survey which ranked the practice in the top 15% in England (839 out of 7,109). The practice encouraged and valued feedback from patients and provided a suggestions box for patients to use in the waiting area and an online comments facility available through its website. There were annual open days, a Patient Participation Group and the practice completed its own annual patient survey. The practice also made use of the NHS Friends and Family Test (FFT). (The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment).

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
CQC comments cards	The patients who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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	98.2%	94.3%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2018 to 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>A telephone translation service was available. Notices and leaflets in the patient waiting area informed patients how to access support groups and organisations. Links to such information were also available on the practice website which could be translated in to most international languages.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 47 patients on the practice list as carers. This was approximately 2% of the practice's patient list.
How the practice supported carers.	<p>The practice's computer system alerted staff if a patient was also a carer. Of the 47 patients identified as carers, all had been invited for and six (13%) had accepted and received a health review in the past 12 months. To ensure accuracy, the practice last reviewed its carer register in March 2019.</p> <p>A dedicated carers' notice board near the waiting area provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the support available to them. A non-clinical staff member was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.</p>
How the practice supported recently bereaved patients.	From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs wrote to, or phoned bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

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 staff we spoke with recognised the importance of patients' privacy, dignity and respect and demonstrated a good understanding of how to maintain these. The patient waiting area was located away from the reception desk, which enabled privacy when patients spoke with reception staff. An electronic check-in device was available to patients.</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> <p>All services were provided on the ground floor. The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. A portable hearing loop was provided.</p> <p>Following patient feedback, the practice had made several changes to access for patients with mobility difficulties such as those using wheelchairs. The ramp from the car park to the rear entrance was modified and the accessible toilet relocated to provide for improved accessibility.</p> <p>The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances. We saw evidence that well attended multi-disciplinary team meetings to discuss the needs of patients with end of life care needs took place each month. The minutes of these meetings were comprehensive. These patients' care plans were routinely reviewed and updated. GPs at the practice didn't use a palliative care template to ensure consistent reporting of appropriate data sets.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 1pm and 2pm to 6.30pm
Tuesday	8am to 1pm and 2pm to 6.30pm
Wednesday	8am to 1pm and 2pm to 6.30pm
Thursday	8am to 1pm and 2pm to 6.30pm
Friday	8am to 1pm and 2pm to 6.30pm
The practice was fully closed (doors and phones) between 1pm and 2pm daily and the phones switched	

to the out-of-hours provider.

Appointments available:

Monday	8.30am to 11am and 3pm to 6pm
Tuesday	8.30am to 11am and 3pm to 6pm
Wednesday	8.30am to 11am and 3pm to 6pm
Thursday	8.30am to 11am and 3pm to 6pm
Friday	8.30am to 11am and 3pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,400 (at the time of the survey)	230	109	47.4%	4.54%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.2%	95.4%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients aged over 75 years 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 had the support of a clinical pharmacist employed through their GP Federation who would flag up issues with polypharmacy for patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- In certain circumstances, clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- 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. The district nurses had use of an office in the practice.
- 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

- 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.
- A community midwife held a fortnightly clinic at the practice.
- The health visitors attended a monthly meeting to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records. There was a quarterly meeting for the GPs, health visitors and a representative of the local children's centre to discuss patients from both of Tring's GP practices.
- Patients could receive travel vaccinations available on the NHS as well as those only available privately. As part of its provider group, the practice was a registered yellow fever vaccination centre.
- Appointments were available outside of school hours and the premises was suitable for children and babies.

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 plans to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care. From 1 April 2019 the practice planned to offer extended hours access one day each week from 6.30pm to 8pm.
- The practice was an extended access hub as a member of a local GP federation. As part of this, patients could access appointments at the practice on Mondays and Fridays from 5pm to 8.30pm, on Saturdays from 9am to 1pm and 2pm to 6pm and on Sundays from 9am to 12pm.
- An in-house phlebotomy service provided by the healthcare assistants or nurses was available each morning to take blood samples from patients for the required testing.
- Telephone GP consultations were available each morning and afternoon which supported patients who were unable to attend the practice during normal working hours.
- An Electronic Prescribing Service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were nine patients on the practice's learning disability register at the time of our inspection. Seven of those aged 14 years and over had been invited for and six (86% of the eligible total) had accepted and received a health review in the past 12 months.
- The practice provided longer appointments for patients with a learning disability if needed.
- 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. The practice received a Purple Star award from Hertfordshire County Council for the reasonable adjustments made for patients with a learning disability. This included developing an easy read (illustrated) complaints leaflet, using larger font on letters and using Makaton on consultation room doors. (Makaton is a language programme providing an alternative to the spoken word, using signs and symbols designed to help people communicate).
- The practice had implemented a coding and alert system to ensure staff members were able to identify and support vulnerable patients.

**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 and voluntary organisations in the area and signposted their patients to these accordingly.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer. IAPT counsellors provided four sessions each week from the provider's other practice in Tring and these sessions were accessible to patients from The New Surgery.

Timely access to the service

People could 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>Urgent appointment slots were released every morning and afternoon. GP telephone appointment slots were available at the end of each morning and afternoon surgery. Those patients unable to get an urgent appointment slot would be called back by a GP to assess the urgency of their condition. The practice's computer system alerted staff if a patient was frail or housebound and qualified for a home visit.</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)	96.1%	N/A	70.3%	Significant 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)	87.4%	72.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	76.5%	67.1%	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)	89.2%	76.9%	74.4%	No statistical variation

Source	Feedback
CQC comments cards	Most of the patients who left comments for us were positive about access to the practice and appointments. Two of the patients who left comments for us, who were otherwise very positive about the practice, said booking appointments by telephone and online could be frustrating. Another two patients said there could be a wait to see a GP of their choice when making a pre-bookable appointment, or a wait to see the GP beyond the scheduled appointment time once at the practice.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system in place for handling complaints and concerns. Information was available to help patients understand the complaints system. A leaflet detailing the complaints process was available on the practice website and from reception. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience.</p>	

Example of learning from complaints.

Complaint	Specific action taken
A concern was raised about the communication between the GP practice and secondary care (a local hospital).	A deficiency in the transfer of information between the hospital and practice was identified and electronic transmissions were enabled.

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: At the time of our inspection, the provider partnership was stable. We saw the provider planned three years ahead and at the time of the last review in February 2019, there were no planned changes to the partnership.	

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's provider group held annual away days to review the needs of the practices in the group, identify areas for development and set the strategic direction of the practices. The most recent was in February 2019. The documented discussions and decisions reached at the last away day represented the strategic plan for the next three years. A weekly meeting alternated between clinical discussion one week and business the next. The business element of the meeting attended by the GP partners and practice manager was used to monitor the strategic direction of the practices throughout the year. Some of the main areas of strategic focus in the current plan were staff workloads, communication and the significance of Primary Care Networks (PCNs) in how GP practices operate moving forwards.	

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

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

Source	Feedback
Staff interviews.	The staff we spoke with said there was an open culture within the practice and they had the opportunity to raise and discuss any issues directly with other staff or at meetings and felt confident in doing so and supported if they did. They told us they felt respected, valued and well supported and knew who to go to in the practice with any concerns. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was demonstrated by such things as the availability of and adherence to practice specific policies. There was a clear protocol in place for how decisions were agreed and a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend supported this. We saw there was a clear staffing structure and found that staff understood their roles and responsibilities and those of others.</p>	

Managing risks, issues and performance

There were some clear and effective processes for managing risks, issues and performance. Where processes were not effective and when practicable, the practice responded immediately to rectify this.

	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.	Partial
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: Where we identified any concerns during our inspection, the practice took action to respond or plans of action were developed to ensure any issues were resolved. For example, those in relation to staff vaccinations, the security of blank prescription forms and the appropriate management of Patient Group Directions (PGDs).	

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: We found the practice used accurate and reliable data and indicators to understand and monitor the performance of the practice. There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.	

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:	
The staff we spoke with said they were encouraged to actively participate in practice life and share their views. An open culture among staff and management supported this.	
We saw there were various methods available for patients to express their views and leave feedback about their experiences including a suggestions box, an online comments facility, annual open days and the practice's own annual patient survey. We saw the practice reviewed and responded to all the suggestions made, including making changes to improve services and the patient experience.	

Feedback from Patient Participation Group.

Feedback
From our Patient Participation Group (PPG) interview, we found the group was active and met regularly to discuss a range of issues. They were positive about the services provided at the practice and how the relevant staff responded to suggestions made and issues raised. Through a range of activities, the PPG was proactive in its attempts to encourage a wider participation, particularly from younger patients and felt the practice was very supportive of this.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
The practice was part of the Dacorum Healthcare Providers GP Federation and worked closely with other practices in the group to improve and expand the services available to patients. A clinical pharmacist employed by the federation provided a weekly session at The New Surgery which involved completing annual health reviews for patients with some long-term conditions. There were plans for this to also include medicine reviews. Through the federation, the practice was an extended access hub. This allowed patients from across the participating practices to access appointments at The New Surgery in the early evening on Mondays and Fridays and at set times on Saturdays and Sundays.	
The practice was in the early stages of participating in a Primary Care Network (PCN). (A Primary Care	

Network is a group of practices working together to provide more coordinated and integrated healthcare to patients). As part of this, the participating practices had identified areas of focus including advancing the home visit service provided to frail patients and further developing physiotherapy and social prescribing services.

The practice was proactive in improving the support available to patients with a learning disability. They were recently presented with a Purple Star award in response to the positive adjustments made for these patients.

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 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.