

Care Quality Commission

Inspection Evidence Table

Denton Village Surgery (1-5007453379)

Inspection date: 2 April 2019

Date of data download: 25 March 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

Safety systems and processes

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

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had been vaccinated as required and in line with current PHE guidance, however, there was no clear oversight of this. The system in order to review staff vaccinations needed to be strengthened to allow this to be monitored effectively.</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: 26/02/2019	Yes
There was a record of equipment calibration. Date of last calibration: 26/02/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 19/03/2019	Yes
There was a log of fire drills. Date of last drill: 2015	Yes
There was a record of fire alarm checks. Date of last check: 24/08/2018	Yes
There was a record of fire training for staff. Date of last training: 15/04/2017	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 01/09/2017	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had not had a fire drill since 2015. We raised this with the practice manager who told us that this would be looked at following our inspection.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 01/09/2018	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 21/02/2019	Yes
Explanation of any answers and additional evidence: We found that there were blind cords in the waiting area that could pose a risk to patients. No risk assessment had been completed in relation to this potential hazard.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were partially met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	12/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: There were some gaps in staff training in relation to infection control. These were for clinical staff. There were some outstanding issues on the infection control audit such as the management of MRSA and in relation to some of the furniture in the practice. However, these actions had been planned for later on in the year.	

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

were familiar with these. There was accessible guidance in the practice for staff in relation to recognising and responding to possible sepsis.

We saw evidence of succession planning for staff and were told of plans to cover staff when they were absent from work. There had been periods of staff shortages in the lead up to our inspection which had impacted some of the administrative functions within the practice.

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.	No
There was a system for processing information relating to new patients including the summarising of new patient notes.	No
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: There was a backlog of patient notes which had not been summarised at the time of our inspection. This backlog was extensive with the last patient record which had not been summarised going back to 1984. At the time of our inspection there were over 500 un-summarised notes at the practice. Once we identified this during our inspection, the provider put an action plan together to address the backlog with patients' notes being summarised. This action plan included additional resource being allocated to this area of work. However, this posed an on-going risk to patient care and treatment.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.84	1.01	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	11.0%	8.2%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.07	6.18	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	2.02	2.19	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	No
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Blank prescriptions were not being logged to ensure these were being safely stored and monitored. We found three blank prescription pads in a safe. The serial numbers on these had not been recorded and so could not be monitored. These pads were used for home visits. We raised this with the practice manager who informed us that these had not been used since 2015. It was not clear how the practice was monitoring the records in relation to these prescriptions.</p> <p>We found some of the emergency medicines to be out of date. When we queried this we were told that staff could access the drugs in the dispensary. Although the emergency medicines had been checked by a member of staff on a monthly basis, these checks had not identified the medicines that were going out of date and so our checks found medicines which had expired. We discussed this with management staff during our inspection who said that this would be addressed immediately.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Partial
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Partial
<p>Explanation of any answers and other comments on dispensary services:</p> <p>We were shown a risk assessment for the delivery service of the dispensary. This did not adequately cover the five locations being delivered to and was not specific to each location. It did not adequately identify and mitigate the risks for each individual location.</p> <p>Space within and around the dispensary was limited which meant that patients could not easily speak confidentially with a member of staff. Staff who worked in the practice and in the dispensary were sensitive to this issue and took people into a private area when they could. However, the practice was limited in space and management at the practice told us that they were hoping to extend the practice in the future.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	28
Number of events that required action:	28
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system in place to record all administrative, clinical and prescribing significant events and staff were able to show us how they recorded and acted on these to ensure patient safety. Incidents were fully recorded and action taken to mitigate the risk of them happening again and to share learning across the staff team.</p> <p>Staff we spoke with were all clear on how and when they would record any significant events. Records were regularly reviewed to look for any themes or patterns.</p> <p>The policy for significant events that we were shown was dated 2014 and needed to be reviewed.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Referral letter error – sent to wrong patient. Administrative error.	Reported data breach and rectified the error.
Medicines sent out for the wrong patient due to a labelling error.	Patient apologised to and mistake rectified. Learning shared with dispensary staff about labelling and checking medicines.
Break in cold chain for one of the fridges.	Reported to practice management and lead nurse. Advice sought from drug company and steps taken to remove drugs from the faulty fridge. Cold chain policy updated as a result.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The safety alerts were received by email into the practice and then shared as needed. However, there was no system in place to record, monitor and action these to document where they had been sent and any action taken. This system needed to be strengthened.</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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.39	0.78	0.79	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.5%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.3% (10)	17.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	63.5%	78.9%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.7% (17)	11.4%	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>	78.0%	81.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (22)	14.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.5%	76.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (3)	9.0%	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>	86.2%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.4% (4)	13.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.0%	83.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.3% (33)	4.5%	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)	94.3%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (6)	4.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates at 100% were meeting the World Health Organisation (WHO) targets. This was area the practice exceeded in.
- 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) <small>(NHS England)</small>	41	41	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) <small>(NHS England)</small>	46	46	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) <small>(NHS England)</small>	46	46	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) <small>(NHS England)</small>	46	46	100.0%	Met 95% WHO based target (significant variation positive)

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	79.4%	72.5%	71.7%	No statistical variation

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	78.4%	74.9%	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)	62.0%	56.6%	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)	69.7%	69.4%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	71.9%	53.0%	51.9%	No statistical variation

Any additional evidence or comments

Cancer screening rates tended to be above average and were an area where the practice was performing well.

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 worked with a local residential home for people with a learning disability. These links worked well and the practice provided effective care and treatment on an individual basis.
- There were good links with local community groups which the practice regularly referred into through their care co-ordinator.

People experiencing poor mental health (including people with dementia)

Population group rating: **Requires Improvement**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for

physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. However, the practice needed to improve their mental health indicators as demonstrated below.

- 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.

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)	63.0%	94.6%	89.5%	Variation (negative)
Exception rate (number of exceptions).	3.6% (1)	17.7%	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)	81.5%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (1)	13.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	62.8%	85.1%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	8.5% (4)	9.0%	6.6%	N/A

Any additional evidence or comments

This was an area where the practice needed to improve. Exception reporting rates were low, however, the practice needed to review the care plans for mental health and dementia to ensure patients had these in place where needed.

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)	500.8	548.4	537.5
Overall QOF exception reporting (all domains)	3.3%	6.7%	5.8%

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

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

- Waste medication audit: First cycle Oct – Dec 2017 Reviewed unopened and returned medicines. Found one patient with 10 months of same medicines. Conducted an awareness campaign displaying posters, leaflets, Facebook and verbal advice. 2nd cycle Oct – Dec 2018 saw a 50% reduction in unopened medicines returned.
- Glaucoma eye drops audit: Reduced number of patients on repeat prescriptions. Review of patients on eye drops to ensure they were required.
- Audit of patients on 20 medicines plus: All notes reviewed and appointments booked for review where needed. Reduced medicines where possible.
- Cervical smear audit: Excellent failure rate 0.6%. Reduced from previous year.

Effective staffing

The practice was able demonstrate that some 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.	Partial
The learning and development needs of staff were assessed.	Partial
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found several gaps in staff training. These were in relation to equality and diversity, CPR, infection control, the Mental Capacity Act and health and safety. This wasn't being adequately monitored at the time of our inspection. We were told that some staff members would have done this training at other places they worked at. This was not an adequate response from the practice.</p> <p>There was a "nurse development plan" in place which identified gaps in learning and training needs for the nursing team. The plan we looked at did clearly identify training and learning needs for the nursing team.</p> <p>One of the nurse prescribers we spoke with did not attend the regular clinical meetings and would have benefitted from more clinical supervision. However, the nurse team worked well together and were supportive of one another on an on-going basis.</p> <p>Staff working in the dispensary had regular supervisions and competency checks. However, there were some gaps in their staff training records which was being monitored by the management at the practice to ensure these were fulfilled.</p>	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The care co-ordinator worked well with their community links to assist and support people in managing long-term conditions and seeking support for organisations who may have been able to assist them. We were given examples of how the practice assisted people with limited mobility as well as offering support to people who were or who felt socially isolated.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.8%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (12)	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.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: One of the GP's working at the practice did not have up to date training in relation to the Mental Capacity Act 2005. We saw evidence that mental capacity was considered during patient consultations and that appropriate referrals were made when patients may have lacked capacity to make decisions about their care and treatment.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a good understanding of their patient population and the challenges of living in a rural community. Staff we spoke with demonstrated a kind and compassionate approach to patient care which took into account the cultural and religious needs of the practice population. Staff recognised that there were issues of social isolation due to the rural community in which people lived. The practice worked hard to recognise and support patients with this whenever they were able to.</p>	

CQC comments cards	
Total comments cards received.	1
Number of CQC comments received which were positive about the service.	1
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	Unfortunately we only had one completed comment card as part of this inspection. The card was positive about the care and treatment afforded to the patient who described being listened to and respected.
Friends & Family	This feedback was predominantly positive with patients providing good feedback about the care and treatment delivered at the practice.
Practice survey	This was carried out during the summer of 2018. The results were collated and reported on in November 2018 and demonstrated positive feedback in relation to the clinicians who worked at the practice. Patients felt listened to and the practice received a very good rating in relation to patient's experiences of using the service.
Patient interviews	We spoke with patients as part of our inspection who were positive about the clinicians and staff who worked at the practice. One person we spoke with felt that they didn't know the Doctors very well and did not like the fact that you could only discuss one issue at each appointment.

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
6109	231	127	55%	2.08%

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)	84.5%	87.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	79.6%	86.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.5%	95.0%	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)	85.4%	82.4%	83.8%	No statistical variation

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

Any additional evidence
The practice had systems in place to obtain patient feedback on an on-going basis and we saw evidence that this was analysed to improve the practice. Patient feedback obtained by the practice was predominantly positive and reflected the caring approach to patients that we observed during our inspection.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: The practice worked well with local services to support people with issues such as social isolation and assisted people in accessing agencies who could help support them with bereavement, mobility and additional support they may have been entitled to.	

Source	Feedback
Interviews with patients.	Patients we spoke with were positive about the GP's who worked at the practice. One person did not feel at ease with the GP they saw and expressed that they were not happy about only being able to discuss one issue at each appointment. They felt that this was a change from how the practice had been run in the past. They did go on to tell us that the nursing team were very good and very responsive to their needs.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.5%	92.0%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	314 patients were identified as carers which equated to 5% of the patient population.
How the practice supported carers.	The practice worked hard to identify and support carers and offered support through local community groups. The practice has recently started a "Borrow my Doggy" scheme to assist people with social isolation.
How the practice supported recently bereaved patients.	Patients who had been bereaved were picked up by the Bereavement Lead in place at the practice. They would contact the bereaved patient and offer personalised support. This involved offering condolences on behalf of the practice, signposting, information on bereavement support and prioritisation of appointments.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Partial
There were arrangements to ensure confidentiality at the reception desk.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>There were issues with space within the practice which meant that patients were limited on how and where they may have been able to discuss sensitive or confidential matters. The staff at the practice were sensitive to this and would offer a private space to patients when this was available. However, we were told that this was not always possible. The provider was considering the issues with the premises in light of the restrictions with the space they had.</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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 7pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 7pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6109	231	127	55%	2.08%

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)	89.8%	93.7%	94.8%	No statistical variation

Any additional evidence or comments

Patient feedback was consistently high and patients we spoke with during our inspection described a responsive service which met their needs. Data and feedback in relation to access was good.

Older people

Population group rating: Good

Findings

- The practice was a dispensing practice which served the rural community and had arrangements in place to meet the needs of an aging practice population. Medicines were delivered to locations where people could access them more easily.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice offered support to patients with blue badge applications and worked with the Collaborative Care Team to refer elderly patients through to organisations for support in the community.

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.
- Referrals were made into the Collaborative Care Team and the practice identified and monitored patients living with long term conditions as well as working to identify and support their carers.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7pm on a Monday 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 nurse team were available to see families and would pick up appointments where appropriate to ensure patients were seen.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7pm on a Monday.

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. The practice worked with a local residential home and offered visits to the service when this was requested by the service. People were also able to come into the practice and be seen if this was their personal choice.

**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.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	93.0%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	79.4%	67.8%	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)	75.3%	64.4%	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)	86.1%	74.5%	74.4%	No statistical variation

Any additional evidence or comments

Access at the practice was good and nobody we spoke with expressed any concerns about getting an appointment. There was a telephone system in place which directed patients to the most appropriate person and a number of appointments were released each day. Patient survey results in relation to access were good and well above national averages.

Source	Feedback
Patient interviews	Patients we spoke with during the inspection did not have any negative feedback about access to appointments. This was reflected in the National GP Survey results. Patients were able to access on the day appointment by phone and

	on-line. Urgent appointments were offered where necessary.
NHS Choices	The practice had a 3.5 star rating on NHS Choices. The feedback was mixed, although there was little negative feedback about access to 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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: We saw evidence that complaints were reviewed and action taken appropriately. Learning and actions taken as a result of complaints was documented and complaints were regularly discussed in staff meetings to ensure that any learning was shared across the practice.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient left a voicemail with test results which caused anxiety due to a lack of clarity with the message.	Meeting arranged with the patient and guidance provided around the test results given. Complaint upheld and learning shared with staff about how test results are communicated to patients.
Appointment booking error which resulted in a patient coming in for an appointment which had not been booked.	Meeting held with reception staff to discuss levels of customer service and processes for booking appointments.

Well-led

Rating: Inadequate

Leadership capacity and capability

Leaders could not always demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We found a number of gaps in staff training as part of our inspection. We also identified emergency drugs which were not in stock or out of date. Improvements were also needed in how MHRA alerts were processed and shared within the practice. In addition to this, we identified a significant number of patients records going back until 1984 which had not been summarised. The provider had not identified accurately or taken steps to address this issue prior to our inspection. This posed a risk to patients as their clinical needs had not been reviewed. We reviewed the practice's processes for keeping accurate and timely patient records. We found that there was not an effective system to identify which patient records had been coded as being received on the practice patient record system when patients had registered or re-registered with the practice.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: Although the practice management were clear on the vision and values of the practice, some of the risks we identified during the inspection had not been identified or planned for. The practice did not have a comprehensive risk register which fed into a strategy in order to plan and assess priorities.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff feedback on inspection	Staff told us that they felt able to approach management should they need to and described a supportive working environment. Staff felt supported by their managers and by each other. There was an open culture at the practice which encouraged learning and development. Some staff we spoke with felt that changes within the practice could be communicated better. We raised this with the practice management who told us they would look at this.

Governance arrangements

Some of the overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Although there were governance systems in place these were not always effective as they had not identified some of the areas of risk we found during our inspection. For example, the practice manager had not identified the extent of the risks around the patient notes which had not been summarised over a significant period of time. Equally, the emergency drugs and MHRA alerts systems needed to be improved to ensure patient safety.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Although we saw that some clinical audits had taken place, there was no clear system in place for when and how these happened.</p> <p>The arrangements for identifying, managing and mitigating risks was not effective as we identified a number of risks during our inspection which had not been picked up. These were in relation to the patient notes which had not been summarised over an extensive period of time, emergency drugs which were out of date, a lack of oversight in relation to staff immunisations and training and a lack of system in relation to MHRA alerts to ensure these were managed safely.</p>	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Although the practice provided us with information prior to the inspection, it became clear throughout the course of the inspection that the risks we encountered had not been clearly identified prior to our visit. The practice needed to review the audit and governance arrangements in place so that all of the areas of risk were identified and acted upon.</p>	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
<p>The PPG told us that whilst they had some involvement with the practice management, they did not always feel listened to and valued. We were told about some of the initiatives they had brought to the practice such as the “Borrow My Doggy” scheme designed to help with social isolation, bereavement and loneliness.</p> <p>The PPG was an active group and wanted to become more involved with the practice but felt that the relationship between the group and the practice management needed some work to improve lines of communication and the group’s involvement with initiatives and changes within the practice.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of audits completed which had improved the practice and patient outcomes. Staff felt that learning could be communicated more effectively across the practice and this was something we discussed with the management at the practice during our inspection.</p>	

Examples of continuous learning and improvement

<p>Audit on waste medication</p> <p>Awareness campaign initiated to reduce the amount of unused medication within the practice. 2nd cycle audit saw a 50% reduction in medication waste.</p> <p>Glaucoma eye drops audit</p> <p>Reviewed patients on repeat prescriptions for eye drop audits. Plan to re-audit within a year to review outcomes.</p> <p>Audit of patient on 20+ medications</p> <p>All patients called in for review. Patients found to be on appropriate medication. Plan to re-audit.</p>
--

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.