

Care Quality Commission

Inspection Evidence Table

The Forest Practice (1-547357171)

Inspection date: 24 June 2019

Date of data download: 14 June 2019

Overall rating: Good

The overall rating has changed from Requires improvement at the previous inspection 18 May 2018, to Good at this inspection 24 June 2019 because the concerns we identified at the previous inspection relating to safety and responsiveness have been sufficiently addressed.

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

Safe

Rating: Good

The rating for safe changed from Requires improvement at the previous inspection 18 May 2018, to Good at this inspection 24 June 2019 because the practice had remedied concerns relating to Patient Specific Directions (PSDs), chaperoning, and cervical screening. (PSDs are written instructions from a qualified and registered prescriber for a medicine or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place 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.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y

Safeguarding	Y/N/Partial
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>Child and adult safeguarding policies were clear and comprehensive.</p> <p>Non-clinical and clinical staff including chaperones were aware of safeguarding considerations and trained at a level appropriate to their role.</p> <p>Safeguarding issues were discussed with allied health and social care professionals at multidisciplinary meetings and safeguarding meetings. The most recent safeguarding meeting was in June 2019.</p> <p>All policies including the safeguarding policy were accessible to staff via a shared desktop drive.</p> <p>There was a safeguarding register for both adults and children and records showed they were appropriately reviewed.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a recruitment procedure in place. Ongoing relevant staff checks were undertaken including DBS, immunity status, and medical indemnity insurance cover as appropriate. However, there was no formalised consideration of relevant physical or mental health conditions for locum clinicians that staff told us had been done verbally. After our inspection the practice sent us evidence it had introduced a formalised process that documented consideration of staff relevant physical or mental health conditions.</p> <p>No formal contracts for locum clinicians were available at the time of our inspection but locum clinicians had exchanged email communications regarding working agreements at the practice. After our inspection the practice implemented a separate locum working agreement document to capture key elements of working arrangements.</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: 9 May 2019	Y
There was a record of equipment calibration. Date of last calibration: 9 May 2019	Y

Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: August 2018	Y
There was a log of fire drills. Date of last drill: 16 May 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly, ongoing	Y
There was a record of fire training for staff. Date of last training: 8 April 2019	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 28 October 2018 landlords' risk assessment, January 2019 practice risk assessment.	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Records showed the practice was proactive in identifying and mitigating risks. There was an oxygen storage risk assessment in place that was implemented. An additional fire exit was being installed because of the fire risk assessment.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 21 May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 21 May 2019	Y
Explanation of any answers and additional evidence: The practice had implemented daily and monthly visual walkaround risk assessments in addition to periodic premises risk assessments to ensure risks were identified and managed promptly.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: April 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: The infection control risk assessment had identified areas of the floor and ceiling needed improvement, we noted these works had been completed and improvement work to some sinks was underway. A clinical waste pre-acceptance audit was in place. The practice was clean, well-organised and tidy.	

Risks to patients

Systems to assess, monitor and manage risks to patient safety were generally effective, but non-clinical staff were not sufficiently aware of sepsis symptoms.

	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.	Partial
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 in place 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: Rota planning was clear and well managed. Return to work interviews undertaken for staff returning from sickness absence. There was an effective induction system for temporary staff tailored to their role but not all had been formally confirmed as completed, for example some were ticked but with no completion signature from the employee or staff undertaking the induction to verify it had been done. After our inspection the practice sent us copies of the inductions that had been verified with staff's signatures. Non-clinical staff were aware of signs and symptoms requiring urgent or emergency treatment, except for sepsis that non-clinical staff receiving patients telephone calls were not aware of. Leadership and management staff told us they would address this immediately. We noted there were sepsis awareness notices in the reception area and guidance sheets for staff to refer to that listed common precursors, and	

early symptoms as well as symptoms of septic shock.

The Advanced Nursing Practitioner (ANP) team were doing most of the clinical work at the practice. We interviewed a locum ANP on the day of our inspection and checked a random sample of patient's consultations for ANPs, as well as records of GPs oversight of ANPs work and there was no evidence patients had been inappropriately treated.

There were several guidance sheets for reception staff to refer to that were clearly presented but the information they needed to consider was extensive. For example, guidance sheets stated GPs and ANPs could prescribe and that other clinical staff roles could not, there were five different patient age ranges corresponding to each of the five different ANPs, and approximately 20 specific categories/ circumstances of care and treatment for the various clinicians for reception staff to consider when deciding, on the spot whilst talking to patients which clinician a patient would be best to see.

There was no method to assess whether patients were assigned the most appropriate clinician at the practice, or to assess whether there had been delays or any concerns with the existing process of patient appointment to clinician allocation. Reception staff we spoke with said the ANP team and Physicians Associate did the same work as GPs, but the Physicians Associate did not prescribe, and patients could see any clinicians once their age and factors such pregnancy had been considered. However, there were circumstances it was not sufficiently clear to receptionists where a patient may need to see a GP, and this was also not specified on the guidance sheets. For example, ANPs cannot provide care to pregnant women if this involves assessment of the pregnancy, unless they are also a practising midwife meeting the NMC requirements of registration, and ANPs cannot sign patient's Fit Notes (only medical practitioners can do this by law). Reception staff did not make these distinctions on the day of our inspection and the guidance sheets suggested three of the five ANPs could see pregnant patients but did not stipulate anything about assessment of pregnancy or mention patients Fit Notes.

There was an effective process ensuring patients that were urgently referred were followed up.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

A GP partner undertook the summarising of all new patients records.
 An administration manager monitored all referrals.
 We saw staff across all roles were appropriately trained and shared information appropriately.
 Only GPs modified patients records and changed their medicines following a patient's hospital attendance or admission.
 There was no backlog of patients test results.

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.75	0.73	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	13.7%	9.7%	8.7%	Variation (negative)
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 (01/10/2018 to 31/03/2019) (NHSBSA)	5.51	5.58	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.17	1.49	2.07	Tending towards variation (positive)

Any additional evidence or comments

The practice was aware of its below average performance data for the number of prescriptions items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs, and attributed this to temporary GP staff that were no longer working at the practice. To improve, the practice had undertaken a two cycle audit of co-amoxiclav cephalosporins and quinolones prescribed that resulted in a 9% reduction in prescribing.

The practice prescribing data for the average daily quantity of oral NSAIDs prescribed per Specific

Indicator	Practice	CCG average	England average	England comparison
Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) was better than local and national averages.				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N/A
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 in place 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 in place 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 were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	
There were no controlled drugs on the premises.	
Records for patients prescribed a range of high risk medicines showed they were appropriately monitored.	
Prescriptions were removed from printing trays when not in use and clinical room doors were kept locked.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months to year ending 31 March	10
Number of events that required action:	6
Explanation of any answers and additional evidence:	
The practice demonstrated a low threshold for logging significant events and took learning events as significant events which indicated it was proactive in promoting patient's safety and improving patients care.	

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

Event	Specific action taken
Local commissioners identified referrals on that required 'GP Action'.	The practice undertook a full review of the referral management process that highlighted training issues for clinicians as majority of the issues were duplicate referrals which were not required. The practice implemented a new clinical guidance document and communicated this to the team as well as a new referral management policy.
A communication breakdown within the management team that resulted in a cervical screening / immunisations clinic being	A GP Partner followed up with the Management team and highlighted how issue could have been avoided through better and consistent communication as relevant staff

cancelled in error.	cover was arranged. The staff team contacted patients individually to apologise and rebook appointments and discussed the potential negative impact on patient's satisfaction. The practice changed its protocol to prevent the same thing happening again.
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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
Explanation of any answers and additional evidence: The identification and management of safety alerts was variable. The practice had received and taken effective action to ensure patients safety for two specific medicines (Pregabalin and Sodium Valproate) safety alerts. The practice told us they had recently moved over to a new alerting system and had not identified two safety alerts, for Carbimazole and SGLT2 medicines. Immediately after our inspection the practice undertook actions necessary to ensure patients safety and remedy the problem in its system. In addition, the practice provided evidence they reviewed the drug safety alerts issued April 2018 and said they had not found any applicable actions from the updates.	

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
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: Regular clinical meetings took place where best practice guidelines including NICE guidelines were	

discussed.

Care and care plans were appropriate including for patients with COPD, diabetes, frail elderly, and hypertension.

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.26	0.33	0.77	Variation (positive)

Any additional evidence or comments

Data showed the practice prescribing of hypnotics was relatively low which is a good performance indicator.

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
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>	72.9%	71.3%	78.8%
Exception rate (number of exceptions).	1.66%	6.9%	13.2%
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>	79.4%	79.8%	77.7%
Exception rate (number of exceptions).	1.25%	5.0%	9.8%
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>	75.1%	79.7%	80.1%
Exception rate (number of exceptions).	3.12%	7.5%	13.5%

Other long-term conditions	Practice	CCG average	England average
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>	89.5%	78.4%	76.0%
Exception rate (number of exceptions).	1.21%	3.0%	7.7%
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>	98.8%	92.1%	89.7%
Exception rate (number of exceptions).	0.00%	6.8%	11.5%
Indicator	Practice	CCG average	England average
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.8%	81.7%	82.6%
Exception rate (number of exceptions).	0.52%	3.2%	4.2%
In those patients with atrial fibrillation with a	100%	88.8%	90.0%

record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>			
Exception rate (number of exceptions).	2.78%	5.7%	6.7%

Any additional evidence or comments

There was an IT issue obtaining the practice data for diabetes and other long term conditions via the QOF portal. The data above was provided via the North East London Primary Care Commissioning Team.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the 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 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 of 95%
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>	69	74	93.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	70	88	79.5%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	70	88	79.5%	Below 80% (Significant variation negative)

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	71	88	80.7%	Below 90% minimum (variation negative)
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Any additional evidence or comments

Childhood immunisation uptake rates for children aged two were below the World Health Organisation (WHO) targets. Staff were aware of this and told us the practice had a transient population which is a challenge across the locality, can make reaching the target more challenging, and some patients tended to refuse a vaccine. The practice had acted to improve by contacting children's parents individually to increase uptake and unpublished data at the practice indicated uptake rates had increased and were currently:

- 93% for the percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster).
- 93% for the percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster).
- 92% for the percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR).

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>	66.8%	62.9%	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) <small>(PHE)</small>	62.8%	55.0%	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) <small>(PHE)</small>	47.2%	45.1%	54.5%	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) <small>(PHE)</small>	56.0%	44.3%	51.9%	No statistical variation
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People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> • End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. • The practice held a register of patients living in vulnerable circumstances including those with a learning disability. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • The practice demonstrated that they had a system to identify people who misused substances. • The practice reviewed adult patients at a local residential home.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
<ul style="list-style-type: none"> • The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. • There was a system for following up patients who failed to attend for administration of long-term medication. • When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. • Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. • Staff were aware of the challenges people with dementia may encounter but some of the management team had not received dementia training.

Indicator	Practice	CCG average	England average
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) <small>(QOF)</small>	96.0%	90.3%	89.5%
Exception rate (number of exceptions).	3.78%	8.4%	12.7%
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) <small>(QOF)</small>	96.1%	91.7%	90.0%
Exception rate (number of exceptions).	1.89%	4.9%	10.5%
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) <small>(QOF)</small>	86.6%	84.8%	83.0%
Exception rate (number of exceptions).	0.0%	4.3%	6.6%

Any additional evidence or comments

There was an IT issue obtaining the practice data for mental health via the QOF portal. The data above was provided via the North East London Primary Care Commissioning Team.

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)	532.68	510.0	537.5
Overall QOF exception reporting (all domains)	6.51%	5.1%	5.8%

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

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

Audit area	Impact
Medicine to treat urinary incontinence where the measurement of blood pressure is important.	In the first audit cycle of 17 patients, five (29%) had their blood pressure checked. Clinicians discussed, reviewed and optimised care for patients with urinary incontinence considering best practice guidelines. In the second audit cycle of six patients, four (67%) had their blood pressure checked.
Patients instructions during dual antiplatelet treatment.	In the first audit cycle of 20 patients, 17 (85%) had received instructions on when to stop treatment. Clinicians met to discuss the results and reviewed care for patients receiving this treatment to ensure they had received relevant instructions. In the second audit cycle of 16 patients, all 16 (100%) had received instructions on when to stop treatment.
Any additional evidence	
The practice had undertaken three audits in the last year, two of these were completed cycle audits.	

Effective staffing

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

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

We saw staff were able to manage data by using internal systems effectively in accordance with their roles. For example, referrals to other services were prompt, and well documented and followed up.

Medical prescribers such as Advanced Nurse Practitioners consultations and prescribing were overseen by a GP partner by way of regular audits and supervision.

The Physicians Associate was not a prescriber but recommended prescriptions for patients which were checked and issued by a GP.

Staff had regular appraisals, but management staff had no dementia awareness training and reception staff awareness of signs and symptoms of sepsis was insufficient.

Coordinating care and treatment

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

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

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
<p>Explanation of any answers and additional evidence:</p> <p>There was varied health promotion in the reception area including relating to immunisations and common ailments.</p> <p>Patients feedback and care plans indicated staff encouraged and educated patients appropriately to help patients live healthier lives.</p> <p>Patients were referred to local pharmacists for stop smoking services.</p>	

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Smoking Indicator	Practice	CCG average	England average
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.3%	96.5%	95.1%
Exception rate (number of exceptions).	0.07%	0.7%	0.8%

Any additional evidence or comments
There was an IT issue obtaining the practice data for smoking indicators via the QOF portal. The data above was provided via the North East London Primary Care Commissioning Team.

Consent to care and treatment

The practice was able to demonstrate that it 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 checked GPs and Nurses patient's consultation records and saw evidence patient's consent was sought and recorded.	

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.

CQC comments cards	
Total comments cards received.	40

Number of CQC comments received which were positive about the service.	40
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
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. Patient CQC comment cards and interviews with patients.	Patients said staff were caring and kind, all were positive which indicated patients consistently experience a caring and compassionate reception and treatment and care.
3. NHS Choices	The practice scored 4.5 of a possible five stars overall which is a high score. All patients feedback whether negative or positive had been responded to by a member of management staff, which demonstrated consideration and care for patient's feedback.

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
6979	420	108	25.7%	1.55%

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)	82.6%	82.4%	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)	84.4%	79.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their	92.5%	92.5%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)				
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)	82.0%	74.1%	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 survey of 130 patients undertaken during February and March 2019 results showed 93% of patients found reception staff were helpful and friendly. Eighty two percent of patients were happy with the overall service at the practice.	
The practice friends and family test results for January to April 2019 inclusive showed 84% of its patients would recommend the practice.	

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: National and in-house survey results as well as CQC patient comment cards showed staff helped patients to be involved in decisions about care and treatment.	

Source	Feedback
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.
2. Patient CQC comment cards and interviews with patients	Patients said staff were professional and that they were confident about the care they received.
3. NHS Choices	The practice scored 4.5 of a possible five stars for patients feeling involvement in their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	86.1%	86.9%	93.5%	Tending towards variation (negative)

	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

Carers	Narrative
Percentage and number of carers identified	The practice register of all people who are carers is 211 patients, 3% of the practice list size.
How the practice supports carers	The practice had a dedicated carers champion that was the Carer's clinical lead for Newham. The practice offered annual flu vaccinations to carers which had a 55% take up rate in 2018. There was a dedicated information leaflet and noticeboard for carers and signposted them to local carers support services.
How the practice supports recently bereaved patients	Staff sent them a sympathy card. Where appropriate/ desired a patient consultation at a flexible time and location to meet the family's needs. By giving the patient advice on how to find a support service.

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
Explanation of any answers and additional evidence: Staff were aware of offering a private space if necessary, use of NHS login cards, and documents were promptly filed. We observed staff were quiet when speaking with patients, so conversations could not be overheard.	

Responsive

Rating: Good

The rating for responsive changed from Requires improvement at the previous inspection 18 May 2018, to Good at this inspection 24 June 2019 because the practice had remedied concerns relating to below average GP Patient Survey results.

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
Explanation of any answers and additional evidence: A hearing loop was available in the reception area, all our consultation rooms were on the ground floor and wheelchair accessible. There were disabled toilet facilities, baby changing facilities and a private room available for breast feeding. Automatic doors were installed at the front entrance. There was a disabled parking bay at the rear of the practice.	

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-12:30
Friday	08:00-18:30
Appointments available	
	Monday, Tuesday, Wednesday and Friday 8:30am to 12:30pm and 2pm

	to 5pm; and Thursday 8:30am to 12:30pm
Off-site after hours surgeries-	Through a local network hub of GP practices
	Every weekday 6.30pm to 9pm and Saturday 9am to 1pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6979	420	108	25.7%	1.55%

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)	91.4%	91.4%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- 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 via local pharmacists.

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 to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Off-site after hours surgeries were available through a local network hub of GP practices every weekday 6.30pm to 9pm and Saturday 9am to 1pm 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.

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.
- Off-site after hours surgeries were available through a local network hub of GP practices every weekday 6.30pm to 9pm and Saturday 9am to 1pm.

People whose circumstances make them vulnerable

group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment; and requiring urgent attention such as a heart attack.</p> <p>GPs were available including for home visits or telephone assessment where necessary.</p> <p>Staff knew when an ambulance would be most appropriate for patients experiencing a clinical emergency.</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)	49.8%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	58.8%	60.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	59.6%	62.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	63.4%	63.5%	74.4%	No statistical variation

The practice had taken steps to improve patient's satisfaction with access to the service that was expressed through its GP patient survey results. For example, recruiting an additional Advanced Nurse Practitioner, maximising uptake of same day and pre-bookable appointments, opening more online access appointments, and improving patient's awareness of online access to appointments. All the most recently GP Patient survey published results were in line with averages, and since our previous inspection

May 2018:

- Patient's satisfaction with ease of getting through to someone at the surgery on the phone had risen from 38.2% to 49.8%.
- Patient's satisfaction with the overall experience of making an appointment had risen from 50.3% to 58.8%.

The CQC patients comment cards and the practice in-house survey results indicated patient levels of satisfaction with access were improving.

Source	Feedback
1. GP Patient Survey results.	Were in line with local and national averages for patient's access.
2. Patient CQC comment cards and interviews with patients.	Feedback demonstrated that patients were satisfied with current arrangements and that had improved recently for telephone and online access.

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We saw evidence complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint from a patient during a safeguarding process.	The practice acknowledged the complaint promptly and undertook an investigation during which it found all safeguarding processes had been followed. The complaints process was undertaken appropriately in accordance with complaint stage including communications with the complaint. The practice instigated a system to improve systems for issuing a specific type of letter.

A complaint from a patient regarding the availability of appointments.	The practice contacted the patient to apologise and to explain types of appointment, the appointment system, and the most effective and appropriate ways to access the type of appointment they may need. Records indicated the patient was happy with this outcome.
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Well-led

Rating: Good

Leadership capacity and capability

There was compassionate and inclusive 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 in place, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders had the experience and skills to deliver the practice strategy and address risks to it. The practice had addressed all concerns and regulatory breaches identified at our previous inspection May 2018, but we found some new issues and concerns that leaders and managers were not aware of.	

Vision and strategy

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place 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 aimed to consistently provide the best possible quality service for their patients, and always show patients always respect and kindness. Staff said and demonstrated they would involve patients in decisions about their treatment and promote good health and well-being.	

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	Y

values.	
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
A range of non-clinical and clinical staff.	Staff felt it was a friendly, professional and happy place to work. The receptionists informed us that the practice manager and GPs were very supportive.
Open door policy.	Encouraged openness and support for staff across all roles to approach and discuss any issues with leaders and managers.

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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

There were clear and effective processes for managing performance, but issues and risks were not consistently identified or addressed.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Partial
There were processes in place 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	Y

sustainability was assessed.	
Explanation of any answers and additional evidence:	
There was a major incident plan and hard copies were held off site by leadership and management staff. Staff were trained in emergency procedures including fire and basic life support.	
Systems for safety alerts had gaps.	
Risk assessments and appropriate follow up management action were taken in areas such as health and safety and infection control. However, arrangements to ensure patients with sepsis would be prioritised for urgent medical attention.	
Arrangements to ensure patients would see the most appropriate clinician had not been assessed.	

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:	
The practice was aware elements of its clinical performance and patient satisfaction data and was using this to improve and was able to gather information appropriately to measure performance and track improvement.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	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:	
There were regular meetings to ensure timely sharing of communications and changes.	
Staff suggested improvements that were implemented by the practice.	

Feedback from Patient Participation Group.

Feedback

The PPG were complimentary about the practice and its staff and told us there was a positive and proactive partnership working relationship with activities including regular PPG meetings, clinical education meetings, and fundraising. Improvements the PPG had suggested were implemented including acquisition of the telephone system, improving the notice boards, amending the contents of messaging for patients via the screen in the waiting area, and content in the practice information leaflet.

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:	
A range of continuous clinical improvement activity such as clinical audits.	
The practice participated in a range of current improvement and innovation projects including:	
<ul style="list-style-type: none">• After difficulty recruiting GPs- The practice increased its clinical staffing capacity by recruiting, supporting and training alternative clinicians such as ANPs and improved its document management process to release GPs capacity and provide more appointments to meet patient's needs.• Continuous clinical quality improvement through audits.• New telephone system.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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.