

Care Quality Commission

Inspection Evidence Table

Silver End Surgery (1-2809558782)

Inspection date: 16 April 2019

Date of data download: 10 April 2019

Overall rating: add overall rating here: Good

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

Safe

Rating: Good

At the inspection on 17 January 2018, we rated the practice as requires improvement for providing safe services because:

- The system of sharing of learning from significant events was not effective.
- Systems to manage and share care records and information was not coordinated.
- The practice had not held regular multi-disciplinary meetings with partner agencies to discuss shared care.

At this comprehensive inspection on 16 April 2019, we found:

- Evidence in minutes of meetings of how significant events and incidents were discussed and shared. Learning from incidents was shared on practice wide correspondence to inform all staff. An annual report showed any recurring themes, areas of concern, and the actions taken to reduce further occurrence.
- Care records were shared at monthly frailty and palliative multidisciplinary team (MDT) meetings to discuss shared care with partner agencies.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three	Y

Safeguarding	Y/N/Partial
for GPs, including locum GPs).	
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<ul style="list-style-type: none"> We saw safeguarding training had been provided to staff at the level needed for their role. The practice held monthly safeguarding meetings to ensure staff were updated with patient's status. When asked, staff could identify the safeguarding lead at the practice and the process used to raise a concern. The safeguarding lead attended meetings held with local safeguarding teams. We found policies were accessible to staff, regularly reviewed, updated with local/national guidance and legislation. 	
Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<ul style="list-style-type: none"> Records of staff members held at the practice showed they had all received the necessary checks required. All staff trained as chaperones at the practice had received a DBS check. We saw examples that staff had excellent communication links with local social care managers, health visitors, pharmacies, and school nurses when needed. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	March 19
There was a record of equipment calibration.	Y
Date of last calibration:	March 19
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks.	Y
Date of last check:	Sept 18
There was a log of fire drills.	Y
Date of last drill:	15/05/2019
There was a record of fire alarm checks.	Y
Date of last check:	weekly 10/04/2019

There was a record of fire training for staff. Date of last training:	Y All within last 12 months
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 02/04/2019
Actions from fire risk assessment were identified and completed.	N/A
<ul style="list-style-type: none"> We saw no actions needed from the fire risk assessment. Staff could identify the practice fire officer, two fire marshals and how to evacuate the premises. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y Aug 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y April 2019
<ul style="list-style-type: none"> An action seen from the health and safety risk assessment was to obtain from the landlord the safety certificate for the heating boiler. This action had been completed. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Oct 2018
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
<ul style="list-style-type: none"> The infection control policy met local and national guidelines. We saw records of daily clinical cleaning schedules. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<ul style="list-style-type: none"> • Staff were aware of the symptoms of sepsis. National pathways to identify and assess patients with presumed sepsis were seen in treatment rooms and at reception to enable staff to support patients. • Sustainability and cover for staff absences and busy periods was provided by staff that were multiskilled. The practice could also access staff from other practices within the Virgin Organisation. • Staff had access to equipment on their computer desktops and knew how to raise the alarm if an emergency occurred. • We saw clinical waste was stored securely and was locked away outside and that spillage kits were available and well signposted in the treatment room to deal with possible bio-hazard events. 	

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
<ul style="list-style-type: none"> • We saw evidence confirming referrals were timely, monitored to reduce delays and 'two-week wait' referrals had been followed up to ensure people received their appointments and treatment. • We saw there was no delay in the management of test results. All results were acted on daily. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.41	1.01	0.91	Variation (negative)
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) (NHSBSA)	13.2%	10.9%	8.7%	Tending towards 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 (01/07/2018 to 31/12/2018) (NHSBSA)	6.11	5.63	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) (NHSBSA)	1.26	1.92	2.13	Tending towards variation (positive)
<ul style="list-style-type: none"> The pharmacist working at the practice showed us the measures now in place to improve antimicrobial stewardship. We were shown two of the two cycle audits used to understand which measures to put in place. 				

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

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> • Prescriptions were locked away securely and tracked through the practice to monitor their safe use. • We saw checks were made to keep people safe when a prescription was being collected. • Temperature control was monitored daily to maintain medicine safety in the fridges and the room where they were securely stored. 	

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:	3
Number of events that required action:	3
We saw the practice monitored their significant incidents during clinical meetings. The minutes of these meetings were shared with us to evidence how they were monitored. Learning from incidents were share during meeting and on practice wide correspondence to ensure all staff members were informed. The practice produced an annual report that showed, any recurring themes, areas of concern, and the actions taken to reduce further occurrence.	

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

Event	Specific action taken
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<u>Incident</u> Out of date drugs in cupboard (received from Pharmacy) <u>Issue caused</u> Patients injection delayed.	Communication to all staff that medication received from pharmacy must be checked prior to being stored in cupboards or fridges.
<u>Incident</u> Practice received Serious Incident notification <u>Issue caused</u> GP failed to undertake oxygen saturations on baby and did not send baby into hospital via ambulance	Practice to purchase age appropriate pulse oximeter. Infants with breathing difficulties to be transferred to hospital by ambulance. Crib sheet 'Recognising the Sick Child' given to each practitioner for review. Dr booked onto child health study day.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
We saw safety alerts were discussed during clinical meetings and searches were carried out to ensure patients received safe care and treatment.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<ul style="list-style-type: none"> • Access to current evidence-based clinical guidelines was available to clinicians on their computer desktops. • Patient records checked showed annual long-term conditions and mental health review management was monitored to ensure patient outcomes improved. 	

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) (NHSBSA)	0.51	0.95	0.79	No statistical variation

Older people	Population group rating: Good
Findings <ul style="list-style-type: none"> • 18% of the practice population were over 65. The clinical and administrative staff liaised regularly with palliative care nurses and the community nursing team to ensure this population group are provided quality care. • The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Monthly frailty and palliative multidisciplinary team (MDT) meetings enabled staff to discuss patients at the end of life (EoL) to offer a holistic approach to their care. Virgin Care provide frail and EoL patients a gold card to support them when contacting the practice. Those patients given a card receive priority access to clinicians, prescriptions and urgent administrative requests. • The practice provided senior health checks, a shingles immunisation programme, pneumonia and flu campaigns for this population group. • Chronic disease management was undertaken by home visits when appropriate. • The practice followed up older patients discharged from hospital to ensure 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.
- We were told they worked closely with local care and residential homes to ensure patient continuity of care.

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 social 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.
- 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.
- The practice worked with the local diabetic team to improve diabetic patient's outcomes.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- A weekly GP led INR clinic was provided for the convenience of patients, so they no longer need to travel over six miles to receive their blood test.

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>	61.5%	74.4%	78.8%	Variation (negative)
Exception rate (number of exceptions).	2.9% (6)	12.1%	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>	73.2%	69.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.9% (8)	9.0%	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>	70.4%	73.3%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.9% (10)	12.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	59.3%	74.1%	76.0%	Variation (negative)
Exception rate (number of exceptions).	3.1% (7)	8.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.8%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.7% (5)	14.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.5%	81.3%	82.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.3% (17)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.2%	89.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	5.0%	6.7%	N/A

Any additional evidence or comments

We asked the practice with regards to the four negative and trending negative quality indicators above. We were provided with an action plan showing a rota of long-term condition management appointment hours distributed across the year to ensure patients receive their recalls, care and treatment. This work had already been implemented for 2018/2019.

We checked unverified data on the practice computer system for the period 2018/19 and found:

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. For 18/19 the achievement was 90% which was an increase of 28%.

The percentage of patients with diabetes, on the register, whose last measured total cholesterol in the preceding 12 months is 5 mmol/l or less. For 18/19 the achievement was 91% which was an increase of 32%.

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. For 18/19 the achievement was 100% which was an increase of 40%.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. For 18/19 the achievement was 90% which was an increase of 31%.

We were also shown the longer-term action plan to improve all clinical quality for 2019/2020.

Families, children and young people

Population group rating: Good

Findings

- Unwell children were offered appointments on the same day.
- Childhood immunisation uptake rates were above 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 to follow-up failed attendance for 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.
- The practice team worked closely with the local maternity services and fully supported the work of the midwives to provide antenatal and post-natal care.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	53	54	98.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	41	43	95.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	41	43	95.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	41	43	95.3%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)	Population group rating: Good
Findings	
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up of the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online, order repeat medication, view their records and test results without the need to attend the practice. Extended access appointments were provided until 7.30pm Tuesdays and Thursday evenings. The practice was proactively encouraging patients to attend for cervical screening, and those who decline bowel or breast screening. 	

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	75.2%	73.8%	71.7%	No statistical variation

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)	80.6%	70.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	54.2%	57.9%	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)	28.0%	63.7%	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)	40.0%	54.3%	51.9%	No statistical variation
The practice shared with us their three-year action plan to improve their quality outcome framework (QOF) achievements. Last year (2018-2019) action plan improvements had been achieved in less than six months, this included the cancer indicators showing significant improvements that were now comparable with the local and national achievement.				

People whose circumstances make them vulnerable	Population group rating: Good
Findings	
<ul style="list-style-type: none"> The practice had identified people living in vulnerable circumstances including homeless people, travellers and those with a learning disability, by coding them on the computer system. This allowed staff to meet the needs of people when offering appointments and other treatment support. There was an effective safeguarding system in place at the practice for this population group with regular support from the local safeguarding team. 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 vulnerable patients within the local residential homes. All practice staff members had received up-to-date online training to safeguard vulnerable adults and children. Although the practice currently had no homeless patients registered, they had developed and had available 'positivity packs' for patients identified as homeless. These held useful items such as tooth brush and toothpaste, wet wipes, deodorant, and cereal bars and sweets. The practice had positivity packs for learning disability, and vulnerable patients, that could be given out when clinicians felt it was appropriate. The packs contained self-help materials and pampering feel good gifts. 	

People experiencing poor mental health (including people with dementia)	Population group rating: Good
Findings	
<ul style="list-style-type: none"> Longer appointments were offered for patients experiencing poor mental health. 	

- 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 to follow-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 and were referred to the local crisis team.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, opportunistic screening, a blood test, and an appropriate referral for to the local memory clinic was provided.
- All staff had recently received dementia training. The practice had set up a monthly dementia café at the practice.

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) <small>(QOF)</small>	53.3%	85.2%	89.5%	Variation (negative)
Exception rate (number of exceptions).	11.8% (2)	17.6%	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) <small>(QOF)</small>	100.0%	79.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.9% (1)	16.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.3%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (2)	9.3%	6.6%	N/A
<p>We asked the practice with regards to the negative quality mental health indicator above. The practice provided us with unverified data from the practice computer system for the period 2018/19 and we found:</p> <p>The unverified data for 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, showed the 2018/19 data achievement was 95% which was an increase of 41.7%.</p>				

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)	473.8	529.0	537.5
Overall QOF exception reporting (all domains)	3.7%	5.2%	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.

<p>We saw a two-cycle audit of patients diagnosed with gestational diabetes.</p> <ul style="list-style-type: none"> • Improvements seen following this audit was better-quality monitoring for risk factor. • Greater control of HbA1c. • Better follow-up once baby was born. <p>A second cycle audit of disease-modifying antirheumatic drugs (DMARDs).</p> <ul style="list-style-type: none"> • Improvements seen following this audit was increased monitoring to meet shared care local guidelines. • An increase in follow-up of blood tests.
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Effective staffing

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

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

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) <small>(QOF)</small>	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.2%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (11)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Treatment templates on the practice clinical system that we checked, indicated consent given by patients before 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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
The practice used 'the big word' translation service when required.	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
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	Very efficient and friendly practice, staff are responsive, polite and professional.
	Absolutely brilliant very caring and considerate.
	I've always had prompt care and been treated with dignity and respect.

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
3823	227	114	50.2%	2.98%

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)	86.3%	86.6%	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)	84.0%	85.0%	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	93.4%	94.7%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	64.9%	79.0%	83.8%	Tending towards variation (negative)

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	1 st patient told us they received an urgent appointment on the day. All the GPs are good, and particularly like the ability to email the GP.
	2 nd and 3 rd patient told us that they had struggled to get an appointment with a GP. They also told us that the only reason they got an appointment today was because it was urgent.
	4 th patient told us very good practice not had trouble getting an appointment, feels they are cared for in a safe environment.
	5 th patient told us they had needed to ring several times to get the specific GP they wanted. They also said they thought the waiting area was most informative.

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)	90.4%	93.0%	93.5%	No statistical variation

	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.	On request
Information about support groups was available on the practice website.	Y
The practice used 'Language line' for those patients that do not have English as their first language. A member of staff showed us the process used to access the service.	

Carers	Narrative
Percentage and number of carers identified.	1.07% 92 carers
How the practice supported carers.	Information leaflets in the waiting room and the GP care advisor services.
How the practice supported recently bereaved patients.	The practice manager contacts the relatives when appropriate to provide information and support.

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
Patients were asked to stand back if there was a queue for the reception desk. Paperwork, prescriptions and pathology forms waiting to be collected were located away from the desk to ensure they could not be seen. There was signage at the reception desk to offer a private place to discuss sensitive issues.	

Responsive

Rating: Requires Improvement

At the inspection on 17 January 2018, we rated the practice as requires improvement for providing responsive services because:

- There was no system for identifying complaint trends or identifying actions to prevent recurrence.
- Results from the 2017 GP patient survey showed that patients' satisfaction in relation to waiting too long to be seen was below the local and national average.

At this comprehensive inspection on 16 April 2019, the practice had made some improvements. We found:

- Evidence of the system to identify and manage complaints was seen to be effective, timely and actions had been taken to prevent repetition.
- However, results from the 2018 GP patient survey showed that patients' satisfaction was lower than 2017 in some areas in comparison to local and national averages.

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
The practice piloted and hosted two self-referral services for their patients 'Physio Direct' and	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 7.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 7.30pm
Friday	8am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3823	227	114	50.2%	2.98%

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)	92.5%	93.9%	94.8%	No statistical variation

Any additional evidence or comments

The practice showed us their 'Responding to patient feedback' document. This collated feedback that had been received from many different sources to understand and act on patient views. The practice responded to the learning from this feedback with several actions over the last year. For example, more availability of online appointments, a weekly INR clinic available, female GP appointments made available and a male receptionist employed.

Older people	Population group rating: Requires Improvement
Findings	
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. 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. Older people in care homes were visited when required. 	

People with long-term conditions	Population group rating: Requires Improvement
Findings	
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. 	

Families, children and young people	Population group rating: Requires Improvement
Findings	
<ul style="list-style-type: none"> Appointments were available before and after school hours so that school age children did not miss schooling. 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. Young people could access services for sexual health and contraception. 	

Working age people	Population group rating: Requires Improvement
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(including those recently retired and students)	
Findings	
<ul style="list-style-type: none"> • The needs of this population group had been recognised and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, two evenings open till 7.30pm. • Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery and contact the practice via email. 	

People experiencing poor mental health (including people with dementia)	Population group rating: Requires Improvement
Findings	
<ul style="list-style-type: none"> • Priority appointments were allocated when necessary to those experiencing poor mental health. • Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia. • The practice was aware of support groups within the area and signposted their patients to these accordingly. • The staff had received training, and the practice was deemed 'Dementia friendly'. 	

People whose circumstances make them vulnerable	Population group rating: Requires Improvement
Findings	
<ul style="list-style-type: none"> • The practice had identified 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. 	

Timely access to the service

People were not always 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

Any additional evidence

- The practice had introduced a 'gold card scheme', these enabled priority access for patients for example, patients undergoing complex treatment, or had a life limiting condition.
- A dementia café was also held at the practice monthly where people could socialise and ask questions relating to their own dementia diagnosis or that of a friend or relative.
- 'Positivity packs' were given to patients with mental health conditions or the homeless. Patients in need of these packs were identified by clinicians.

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)	32.2%	N/A	70.3%	Significant 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)	45.6%	60.0%	68.6%	Tending towards variation (negative)
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)	54.9%	58.0%	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)	60.7%	70.8%	74.4%	No statistical variation

Source	Feedback
NHS Choices reviews	Telephone access  based on 6 ratings.
	Appointments  based on 6 ratings.
	Dignity and respect  based on 7 ratings.
	Involvement in decisions  based on 5 ratings.
	Providing accurate information  based on 6 ratings.

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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
We saw that learning from complaints were discussed with staff at meetings and provided via practice correspondence.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Blood tests not communicated, and medication review not booked for repeat prescription.	<p>Investigation: File reviewed</p> <p>Action: Spoke with the GP concerned, they thought when blood tests were reviewed the system automatically generated a task to the receptionists to contact the patient and make an appointment.</p> <p>Learning: The practice to ensure a robust induction with locums aware of the processes and procedures in place.</p>
Poor attitude of staff.	<p>Investigation: Communication method agreed with complainant.</p> <p>Action: Telephoned the patient and spoke at lengths about the complaint and experience. It was explained the steps taken to ensure this behaviour would not happen again, and that some big changes taken within the surgery would benefit patients. The complainant was satisfied by the call. A face to face meeting was offered but declined.</p> <p>Learning: Ensure locums know all system and practice procedures and processes.</p>

Well-led

Rating: Good

Leadership capacity and capability

At the inspection on 17 January 2018, we rated the practice as requires improvement for providing well-led services because we found:

- A lack of management capacity in relation to leadership and governance.
- The practice-specific safeguarding children and infection control policies were not available to staff.
- There was no overall oversight of training and learning needs of staff.

At this comprehensive inspection on 16 April 2019, the practice had made some improvements. We found:

- Both the clinical and management capacity had been significantly increased.
- The governance structure regarding effective lead staff for safeguarding and infection control were known to all staff members we spoke with. They were further able to access and identify the policies and procedures to support them in their working roles.
- The training matrix identified all staff members, and the training received for their roles at the practice.

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<ul style="list-style-type: none">• The practice told us their vision was 'to provide patients high quality healthcare'.• The staff understood that although they had gone through a period of instability they felt the clinicians and management, were focused on quality, and improving patient outcomes.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Staff told us they could discuss any concerns or issues they had with the GPs or management at the practice, in fact they were encouraged to do so.	

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

Source	Feedback
Staff members	Staff told us they could discuss any concerns or issues with the GPs or management at the practice.
	We were told the management and clinicians were visible daily, supportive and accessible.
	Staff were kept informed and updated with information regarding changes in processes or procedures regularly during practice meetings and internal correspondence. We saw evidence this information was in meeting minutes.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<ul style="list-style-type: none"> The practice had agreements with the services that the practice hosted at the practice. Review dates within policies and procedures were updated and met current guidelines and legislation. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and	Y

improved.	
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
We saw a range of clinical and administrative processes to monitor patient outcomes, and internal administrative processes to understand performance and recognise where improvements could be made. This included staff appraisals; clinical audits, health and safety risk assessments, fire risk assessments, and dedicated protected time for set jobs. For example, dedicated staff for prescription work, and training and development for a healthcare assistant to support the GP perform INR clinics.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Staff told us performance was reviewed during their appraisals.	

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
<ul style="list-style-type: none"> Staff members told us they were encouraged to be involved with planning and improving services at the practice. Several concerns voiced by patients had been identified, and service changes had been made, these included; an INR clinic, access to a female GP and a male receptionist being available. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The practice patient participation group (PPG) had quarterly meetings with the practice staff. The meeting minutes could be viewed on the practice website. Meeting minutes showed the PPG were kept informed of anything taking place at the practice that may affect patients.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

In response to patient feedback the following improvements have been made:

Concern: prescriptions being processed on time.

Response: employed a full-time member of staff whose prime responsibility is to oversee the practice prescription process.

Concern: need a healthcare assistant (HCA).

Response: recruited an HCA, to hold sessions from end of June 2018 onwards.

Concern: need a patient participation group (PPG).

Response: the first PPG meeting took place on the 20 June 2018 and monthly thereafter.

Concern: need a practice manager.

Response: practice manager employed and started 03 September 2018.

Concern: finding an appointment for INR problematic.

Response: trained HCA to run a weekly INR clinic with GP support.

Concern: inadequate cover and stressed staff at reception.

Response: rota for reception to ensure adequate cover. Recruitment of permanent member of reception staff and additional locum cover whilst finalising needs for Silver End providing two extra locum staff members.

Concern: touch screen booking for reception needed to take pressure off staff.

Response: funding secured and option of updating patient details to support quality outcome framework (QOF) activities.

Concern: request to book appointments online.

Response: service manager investigated and promoted in the practice.

Concern: more availability of online appointments.

Response: service manager to investigate more GP appointments available online.

Concern: request for female GP at the practice.

Response: a female GP now works two days a week.

Concern: a male patient wanted the option of speaking to a male receptionist.

Response: there are a mixture of female and male reception staff employed to give patients the choice when discussing sensitive issues.

Concern: patients requested a monitor or TV in the patient waiting area.

Response: service manager obtained agreement for the purchase of a monitor, when installed, the monitor will also update the patients with news about the practice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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