

Care Quality Commission

Inspection Evidence Table

Modality Darlaston Practice (1-3173171868)

Inspection date: 19 June 2019

Date of data download: 28 May 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

At our previous inspection in July 2019, we rated the practice as requires improvement for providing safe services because:

- Not all required recruitment information was available in staff files.
- Risk assessments were not on file for staff who started prior to receipt of a Disclosure and Barring Service (DBS) check.

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in July 2018, we found that:</p> <ul style="list-style-type: none"> Risk assessments were not on file for staff who had commenced work prior to receipt of their DBS check. At this inspection we saw that DBS checks had since been obtained prior to new members of staff commencing employment. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in July 2018, we found that:</p> <ul style="list-style-type: none"> Recruitment checks had not been carried out in accordance with regulations and systems were not in place to ensure the registration of clinical staff was checked and monitored regularly. At this inspection we found there had been an improvement in attaining the recruitment documents required. However, a full employment history was not available in one of the five files we reviewed. The information was sent to us following the inspection. The practice manager had introduced a checklist for staff files, to ensure that all the required information was held on file. The provider planned to introduce an electronic system for monitoring staff training, professional registration and indemnity insurance expiry dates, to assist with maintaining up to date and current information. 	

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: May 2019	Yes
There was a record of equipment calibration. Date of last calibration: May 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: August 2018	Yes
There was a log of fire drills. Date of last drill: February 2019	Yes
There was a record of fire alarm checks. Date of last check: 18/06/2019 / Weekly	Yes
There was a record of fire training for staff. Date of last training: Individual training records	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: January 2018 undertaken by NHS Property Services	Yes
Actions from fire risk assessment were identified and completed.	NA

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2017 undertaken by NHS Property Services	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2017 undertaken by NHS Property Services	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had undertaken health and safety risk assessments for the areas of the building that were accessed by staff and patients. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	09/18
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice undertook weekly audits of the general environment, treatment and consulting rooms, as well as quarterly fridge temperature audits. Any identified issues were actioned as they arose. A legionella risk assessment had been completed in April 2019. 	

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

Explanation of any answers and additional evidence:

At our previous inspection in July 2018, we found that:

- The practice had not been proactive in managing changes to staffing or assessed and monitored the impact on safety. The practice acknowledged there had been challenges around staffing since our previous inspection due to staff leaving their employment and staff sickness. To address this issue, the practice had used locum clinical staff to cover any shortfalls and had recruited a new practice manager and non-clinical staff.

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

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) <small>(NHS Business Service Authority - NHSBSA)</small>	0.80	0.90	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) <small>(NHSBSA)</small>	5.6%	5.5%	8.7%	Tending towards variation (positive)
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) <small>(NHSBSA)</small>	4.29	5.35	5.61	Variation (positive)
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) <small>(NHSBSA)</small>	2.76	1.91	2.07	No statistical variation

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

Medicines management	Y/N/Partial
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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Although systems were in place for tracking prescriptions through the practice, it was not clear for blue prescriptions. The practice was able to identify which patients had received prescriptions as the number was recorded in the patient notes, but the paper tracking system was less effective. Following the inspection, the practice had implemented a new tracking system. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence: At our previous inspection in July 2018, we found that:</p> <ul style="list-style-type: none"> Limited numbers of significant events had been recorded and there was no evidence to support that the practice had reviewed previous events to identify any themes. At this inspection it was clear that the practice was responding and acting on significant events and monitoring and recording the progress of their actions. 	

Example of a significant event recorded and actions by the practice.

Event	Specific action taken
A member of staff had a needle stick injury	Following the injury, the member of staff followed the correct procedure and bloods were taken. The sharps bin was moved to enable safer disposal of sharps. The incident was discussed during the daily huddle meeting and at the significant event, clinical and clinical governance group meetings held.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.70	0.73	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- The practice worked closely with the community matron to reduce the risk of unplanned hospital admissions for older people.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- They practice's performance on quality indicators for long term conditions was in line with the local and national averages.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.7%	78.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.7% (8)	11.3%	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>	79.6%	81.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.7% (11)	6.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.6%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (19)	9.5%	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>	73.9%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (7)	2.5%	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>	91.6%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.7% (3)	8.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.5%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (13)	2.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	92.5%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Three of the four childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. The practice had achieved 100% for one indicator, 90% for two indicators, and 87.5% for the remaining indicator. Staff contacted parents / guardians of children who did not attend appointments for their immunisations by telephone and letter. If there was no contact from the parent / guardian, then nursing staff contacted the health visitor.
- 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.
- Midwife led clinics were held at the practice weekly.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	42	42	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	36	40	90.0%	Met 90% minimum (no variation)
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>	35	40	87.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	36	40	90.0%	Met 90% minimum (no variation)

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>	69.5%	71.6%	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>	70.0%	67.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	47.5%	49.1%	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) <small>(PHE)</small>	68.8%	75.6%	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) <small>(PHE)</small>	33.3%	44.7%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 70%, which was below the 80% coverage target for the national screening programme but in line with the CCG and national averages. Nursing staff contacted patients who did not attend to rearrange their appointments and to discuss the importance of attending for screening.
- The practice's uptake for breast screening was in line with the national average. However, the uptake for bowel cancer screening was below the national average. Systems were in place to follow up at patients who did not return their screening kit.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- They practice's performance on quality indicators for people experiencing poor mental health were below the local and national averages.
- 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.
- The practice maintained a register of patients living with dementia. Although formal care plans were not recorded, the information was recorded in the patient notes. The practice told us they planned to formalise this process and develop care plans in the near future.
- There was a system for following up patients who failed to attend for administration of long-term medication.

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>	62.2%	91.6%	89.5%	Variation (negative)
Exception rate (number of exceptions).	5.1% (2)	7.8%	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>	71.1%	93.5%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.6% (1)	4.7%	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>	61.1%	82.5%	83.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	25.0% (6)	6.0%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	524.6	531.7	537.5
Overall QOF exception reporting (all domains)	3.9%	5.3%	5.8%

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

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

- The practice had carried out an audit of patients prescribed long term medicine to assess whether they needed to continue the medicine. The results demonstrated an improvement as it had been established which patients needed to continue the medicine. The practice had further enhanced the audit for the next cycle by including additional factors for continued medicine use.
- The practice had also undertaken two single cycle audits. One audit had identified patients prescribed medicines with known risk factors. The patients had been made aware of the risk factors and referred to appropriate services for the management of their condition. The other audit identified patients on a specific medicine with known side effects. The patients had been made aware of these side effects, so they could make an informed choice as to whether they continued with the medicine.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	NA
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in July 2018, we found that:</p> <ul style="list-style-type: none"> • There was no oversight of staff training records and not all staff were up to date with their essential training. At this inspection we found that systems had been implemented to identify when staff training was due, and all staff were up to date with their training. • All staff were provided with protected learning time each month. • Staff told us they had been offered the opportunity to develop their skills and knowledge and were able to identify training needs at their appraisal. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Patients were referred to local lifestyle services for assistance with smoking cessation and weight management. Pre-diabetic patients were referred to the Diabetes Prevention Programme and education material could also be sent via a text messaging service. 	

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>	97.5%	97.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (1)	0.3%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	NA
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice did not undertake any minor surgical or family planning procedures. Verbal or implied consent was obtained from patients for procedures such as blood taking.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Interviews with patients	We spoke with three patients during the inspection. They told us they were very happy with the service provided.
CQC comment cards	Eighteen comment cards were completed by patients. Patients said they felt the practice offered a good service and the staff put them at ease during appointments. Several patients made reference about staff going the extra mile when assisting them. One person commented about staff being rude.
NHS Website	Five reviews had been posted on the NHS website since the previous inspection in July 2018. The practice had responded to both positive and negative comments. Four of out of the five reviews referred to staff attitude. One person commented positively about how they had been treated by staff, one comment gave mixed reviews on staff attitude and two comments were negative about clinical and reception staff attitudes.

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
5023	337	105	31.2%	2.09%

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)	76.5%	86.5%	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)	72.8%	85.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	89.5%	94.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.5%	81.3%	83.8%	No statistical variation

Any additional evidence or comments

The practice had identified three of the above as areas for improvement and had developed an action plan to address these. The practice felt that the use of locum staff had impacted on patient satisfaction. Efforts had been made to use regular / long term locum staff to provide continuity of care. In house training and development was also provided as required. The practice manager was responsible for monitoring compliance with the action plan.

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

Any additional evidence
<p>Patients were encouraged to provide feedback using a questionnaire and a suggestion box. The practice had responded to completed Friends and Family comment cards, patient comments and complaints and displayed their responses as a 'you said we did'. The practice had responded to five issues raised by patients. These included challenges with appointments, continuity of care and prescriptions.</p> <p>The practice had carried out a patient satisfaction survey over a four-week period during May/June 2019. The survey topics included looking at the GP Surgery, ability to see a GP or Nurse, consultation with a GP and whether patients would recommend the surgery to friends and family. Although the results were generally positive, the main issues raised by patients was around appointments and how long patients were waiting to be seen. The practice had already acted to address these issues.</p>

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with three patients during the inspection. They told us that the GPs responded promptly when any medical concerns were identified and took appropriate action. Examples were shared regarding referrals to secondary care for specific conditions.
CQC comment cards	Three of the 18 completed comment cards specifically referred to staff being understanding and explaining everything clearly.

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)	88.9%	91.3%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice population on the day of the inspection was 5,023. The practice had 81 identified carers, including one under the age of 18 years. This represented 1.6% of the practice population.
How the practice supported carers.	Carers were coded on the electronic records and were offered annual health checks and flu vaccinations.
How the practice supported recently bereaved patients.	The practice sent a letter and a leaflet to all bereaved patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
	8.30am to 6.30pm
Number of GP Appointments available:	
Monday	91
Tuesday	74
Wednesday	50
Thursday	64
Friday	44
Number of Advanced Nurse Practitioner Appointments Available	
Monday	28
Tuesday	28
Wednesday	10
Thursday	10
Friday	28
Nurse Appointments Available	
Monday	8.40am to 12pm / 2pm to 4.30pm
Tuesday	8.40am to 12pm / 2pm to 4.30pm
Wednesday	8.40am to 12pm / 2pm to 4.30pm
Thursday	
Friday	

Health Care Assistant Appointments Available	
Monday	8.30am to 2pm
Tuesday	
Wednesday	
Thursday	8.30am to 2pm
Friday	9am to 5pm
<ul style="list-style-type: none"> • The practice employed the services of another provider for a telephone messaging service and directing patients to appropriate services between 8am and 8.30am, 1pm and 2.30pm Monday to Friday, and between 1pm and 6.30pm on Thursday. • The practice also offered telephone consultations with a GP. 	

Extended GP Access Service
<p>Patients had access to the Extended GP Access Service. Appointments with GPs were available at four hubs within the locality: Darlaston Health Centre, Pinfold Health Centre, Broadway Medical Practice and Portland Medical Practice.</p> <p>Extra GP appointments were available between:</p> <ul style="list-style-type: none"> • 6.30pm – 9pm weekdays (all four hubs) • 10am – 3pm weekends (excluding Darlaston Health Centre & Portland Medical Practice) • 11am – 1.30pm Bank Holidays (all four hubs) <p>Appointments could be booked by calling 01922 501999 during the following times:</p> <ul style="list-style-type: none"> • 8am – 9pm weekdays • 10am – 3pm weekends • 11am – 1.30pm bank holidays <p>The NHS 111 service was also able to book appointments on behalf of patients.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5023	337	105	31.2%	2.09%

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)	94.7%	93.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits, urgent appointments and telephone consultations for those with enhanced needs and complex medical issues.
- The practice worked closely with the rapid response community team to support older people in the community.
- The practice pharmacist carried out medicine reviews for older people.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- The practice provided in-house electrocardiogram (ECG) which is a test used to check the rhythm and electrical activity of the heart.
- The practice provided in house spirometry. (Spirometry is a test used to help diagnose and monitor certain lung conditions).
- Specialist clinics were provided for patients with diabetes and respiratory disease.

Families, children and young people

Population group rating: Good

Findings

- Additional appointments outside of school hours were available through the Extended GP Access Service.
- 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.
- The practice offered checks for babies aged six to eight weeks.

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. For example, telephone consultations, Push Doctor, on line services and access to the extended hours hub for evening and weekend appointments.
- Pre-bookable appointments were available to all patients at additional locations within the area, through the Extended GP Access Service. Appointments were available between 6.30pm and 9pm on weekdays, between 10am and 3pm on Saturday and Sunday, and 11am and 1.30pm on bank holidays.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances 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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice worked closely with the community mental health nurse, who held weekly clinics at the practice. The practice also participated in the shared care of patients with substance misuse.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	97.8%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	91.9%	67.0%	68.6%	Tending towards variation (positive)
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)	80.9%	65.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	87.4%	70.8%	74.4%	No statistical variation

Any additional evidence or comments

The provider had employed the services of Push Doctor (An online doctor consultation service). Patients who choose this option were provided with the details to arrange a consultation. Several appointments during each clinical session were available for the GPs at Push Doctor to book in patients who required a face to face consultation.

Source	Feedback
NHS Website	Five reviews had been posted on the NHS website since the previous inspection in July 2018. The practice had responded to both positive and negative comments. Three comments were positive about access to the service and not having to wait too long for an appointment. Another comment referred to the challenge of telephoning the practice at a specific time and then not being able to get an appointment.
CQC Commented Cards	One of the completed comment cards indicated that they could get an appointment when they needed on. However, three other completed comment cards referred to challenges experienced around getting appointments.
Interviews with patients	We spoke with three patients during the inspection. They told us they were able to get appointments when they needed them. They told us they could usually get an appointment on the same day.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the time of our previous inspection, we found that complaints had not been investigated and responded to in line with the provider's policy and procedure. At this inspection the practice had responded to both written and verbal complaints. We saw that complaints had been investigated and responded to in the line with appropriate policies and procedures. The practice held an annual complaints meeting, where all complaints from the previous 12 months were reviewed and any common trends were identified and actioned. We saw that where appropriate, complaints were also investigated through the practice significant event procedure. 	

Example of learning from complaints.

Complaint	Specific action taken
Delay in a patient receiving their prescription.	The practice manager had discussed the complaint with the patient, so they could understand the issue and how specific items were ordered. A standard operating procedure was developed for the ordering of specific items on prescriptions. All pharmacies were instructed that requests for specific items were to be emailed to the generic email address and not to be sent by fax machine. In addition, the practice pharmacist also reviewed all on the day prescription queries.

Well-led

Rating: Good

At our previous inspection in July 2019, we rated the practice as requires improvement for providing well led services because:

- There was a lack of oversight of renewal dates for professional registrations, training files and staff records.
- Not all staff were up to date with essential training.
- Limited numbers of significant events were recorded and there was no evidence to support that the practice had reviewed previous events to identify themes.
- Complaints had not been investigated and responded to in line with the provider's policy and procedure.
- The practice had not been proactive in managing changes to staffing or assessed and monitored the impact on safety.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• At our previous inspection in July 2018, we saw a lack of leadership within the practice. Following that inspection, changes to the organisational structure of the provider and the practice were implemented. The provider restructured into eight geographical divisions, with this practice located within the Walsall Division. The practice management was supported by a General Manager and a Compliance / HR Manager. The practice had also appointed a new practice manager and changed the CQC Registered Manager.• All staff were invited to the monthly practice meetings and encouraged to contribute their views and suggestions. Minutes of meetings were shared with all staff.• Staff reported that they felt supported and part of a team. Staff spoke highly about the change in practice management and how this had improved staff morale.• The provider had recently appointed a lead practice nurse for the division, to assist with the development and supervision of the nursing staff.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had clear values and vision. The vision was to be a leader in delivering resilient community-based services to improve population health across the system. The values of the provider were based around the word 'care' – commitment, accountability, respect and excellence. The values were displayed around the practice. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider had appointed several Freedom to Speak Up Champions and staff were aware of their local champion. 	

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

Source	Feedback
Interviews with staff	Staff told us the changes in the management structure had improved staff morale. Staff told us they enjoyed working at the practice and spoke highly of the culture. They reported they felt respected and valued. They told us that the daily huddle meeting helped to keep them up to date and informed.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>At our previous inspection in July 2018 we found that:</p> <ul style="list-style-type: none"> • There was a lack of governance in place in relation to oversight of training records, professional registrations and staff files. In addition, practice meetings were held infrequently. • We found that improvements had been made in these areas through the introduction of systems to identify when staff training was due, and checklists for staff files. • The practice held a range of meetings to keep staff up to date and informed. Daily huddles meetings were held to share information about patients and any factors affecting the practice. The clinical staff team met on a weekly basis and whole practice meetings were held monthly. There were also fortnightly partners meetings. All meetings were recorded and shared with staff. • The GP partners also attended clinical governance meetings, which were held monthly. 	

Managing risks, issues and performance

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

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

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The provider monitored performance through a quality monitoring dashboard, that was updated on either a monthly or quarterly basis depending on the quality indicator. This enabled the practice to benchmark their performance against other practices in the division. We noted that not all incidents that needed to be reported through statutory notifications had been. There were two separate incidents recorded as significant events that stopped the practice running safely and properly (loss of telephone lines and flooding of the building). Both incidents had been managed appropriately but notification forms had not been submitted to CQC as required. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice carried out staff surveys. Improvements had been seen in three main areas in 2019 compared with 2018. These were work environment, management support and change readiness and impact. However, the practice recognised that further improvements were still required. The practice had been involved in supporting the community through a reverse advent calendar, where they provided food and non-food items to be distributed over the festive period. The practice had also held an Alzheimer's Cup Cake Day to raise funds. 	

Feedback from Patient Participation Group.

Feedback

We spoke with three members of the patient participation group (PPG). They told us they aim to meet monthly with the practice manager, although more recently the GP had also been attending the meetings. They told us they had a good working relationship with the practice and felt their contribution was valued. The PPG recognised that they were not representative of the practice population and needed to be more proactive in developing the membership of the group. They told us they planned to hold an open meeting in the future to try to encourage more people to attend.

The chair of the PPG also attended the PPG Liaison Group hosted by the clinical commissioning group. They told us they shared ideas and suggestions from that group at the meetings held.

Any additional evidence

Information about the PPG was displayed in the waiting room and on the practice website. The minutes from a meeting held in October 2018 were also available on the practice website.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice had introduced monthly protected learning time for the training and development of staff.• Staff had been offered the opportunity to develop their skills to support new services being offered. The health care assistant had received additional training, so they could assist at the community gynaecological service.• The practice pharmacist was working towards becoming an advanced clinical practitioner.	

Examples of continuous learning and improvement

- The practice had introduced Push Doctor, which enabled patients to attend a video consultation with a GP via their smart phone.
- The practice had introduced MJOG text messaging. The practice used this system to send appointment reminders, invites for annual reviews and pathology and test results. The lead GP had devised a list of standard responses which also contained links to various websites for health promotion information.

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.