Care Quality Commission

Inspection Evidence Table

OHP-Woodgate Valley Health Centre (1-4229312701)

Inspection date: 14 May 2019

Date of data download: 30 April 2019

Overall rating: Good

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

Safe Rating: Good

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 for GPs, including locum GPs).	Y
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: • We saw the practice nurses had recently completed updated safeguarding training to level three. • The practice had an awareness of and had trained their staff around domestic violence. Staff had completed IRIS training for the Identification & Referral to Improve Safety (IRIS). There was also a direct referral pathway available to a domestic violence advocate. • Staff we spoke with demonstrated good understanding of safeguarding principles and knew how to raise and report a safeguarding concern. • We saw evidence to support that regular safeguarding meetings took place with representation from other health and social care services. • Staff had been trained in Female genital mutilation(FGM) awareness and we saw that the practice had proactively managed risk in this area.	

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
Explanation of any answers and additional evidence: The practice was able to access locum GPs through the practices provider organisation, Our Health Partnership (OHP) who operated an internal locum pool managed through an external locum agency to support their member organisations where needed. These locums had pre-employment checks and were fully inducted on working at the practice.	

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: 7 August 2018	Y
There was a record of equipment calibration. Date of last calibration: 7 November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: We saw that these had been scheduled for week commencing 13 May 2019.	Y
There was a log of fire drills. Date of last drill: December 2018	Y
There was a record of fire alarm checks. Date of last check: 8 May 2019	Y
There was a record of fire training for staff. Date of last training: 5 May 2019	Y
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: 27 September 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Some risk assessments for the premises were carried out by a property maintenance company, we saw that these were accessible and shared with the practice. We saw that work had been carried out to complete practice actions highlighted following these risk assessments, for instance practice fire drills had been regularly scheduled as an action following their fire risk assessment.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 May 2019	Y

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: 22 November 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • We noted that the practice was visibly clean and tidy on the day of our inspection. • We saw that actions noted in the practices infection prevent and control audit had been complete, such as for the replacement of hand hygiene posters where needed.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y

Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: There was evidence of effective rota and staffing management systems in place. Members of the management team explained that they went through a period of using locum GPs between March and September 2018. Where possible, the same locums were used for continuity of care, these locums were provided through the provider organisation, OHP. One of the locum GPs had since been recruited as a salaried GP at the practice. We saw evidence of a comprehensive locum induction pack in place.	

Information to deliver safe care and treatment

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

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

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)	0.68	0.87	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	5.6%	7.7%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	7.65	5.15	5.60	Tending towards variation (negative)
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)	1.82	1.86	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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 or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
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.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: • We saw that staff could access guidance and information from the local area prescribing committee through the practices computer system. • Results from an audit in prescribing rates of antibiotics (for 2018/2019) highlighted improvements in prescribing. In addition, as part of our inspection the practice provided examples of cases where they had undertaken safe monitoring of specific medicines such as opioids (medicines taken for pain relief).	

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:	52
Number of events that required action:	45
Explanation of any answers and additional evidence: The practice was proactive in recording incidents and significant events, this also included positive events. These were risk rated according to their severity using a RAG rating tool and escalated to their provider organisation (OHP). All member practices as part of OHP were also required to submit a range of core quality markers as part of a self-declaration to OHP which included significant event details and root cause analysis information. This process enabled incidents and events to be shared through OHP's clinical and governance systems. We saw evidence to demonstrate completion of this process during our inspection and that incidents and significant events were discussed in formal practice meetings, at both local and provider levels and also with the local alliance network group.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A significant event was recorded due to the identification of a sharp (used needle) in the minor surgery treatment room.	Incident formally recorded. The incident highlighted that the sharp was appropriately and safely disposed of by the practice, the matter was shared with the practice team for sharing of learning and a notification was shared with nurses to ensure that additional checks are completed following minor surgery to ensure sharps are disposed of properly.
A significant event was recorded due to an error in ordering of the Pneumococcal vaccine which resulted in a number of adult patients being given the child vaccine in error.	Incident formally recorded and reported to Public Health England where advice and guidance was sought. We saw that a comprehensive root cause analysis was completed, this highlighted no harm to patients however the practice sent written correspondence to patients and made further contact to inform them of the incident, to offer both an apology and assurance of no harm and to offer the appropriate administration of the adult vaccine. The incident was shared with the practice team for sharing of learning, we saw that the matter occurred due to an error in the ordering process. To prevent recurrence the practice implemented a request form for specific vaccinations and immunisations.

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
Explanation of any answers and additional evidence: There were records in place which showed alerts had been shared and acted on where required. Examples included a notification regarding the prescribing of antiviral medicines in primary care and an updated drug safety alert on the use of Valproate medicines in females with childbearing potential. We saw that clinicians were informed of the notification and changes in prescribing requirements and other actions such as searches, writing to and recalling patients had been taken in line with alert instructions.	

The practice also had a system to record and monitor the dissemination of their alerts and they were also discussed in weekly practice meetings.

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

Explanation of any answers and additional evidence:

Staff could access best practice guidance through a shared clinical computer system. Staff we spoke with were aware of these and we saw that they were using them.

The practice engaged with ambulance triage which allowed paramedics to discuss patients directly with GP's to avoid unnecessary attendance at A&E. Information shared by the practice following the inspection highlighted that during 2018 81.5% of potential admissions were prevented.

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)	0.45	0.78	0.79	No statistical variation

Older people Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care needs 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.
- The practice proactively offered health checks and flu vaccinations to their older patients and their carers.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Evidence provided by the practice following the inspection highlighted an example whereby out of 18 admissions for patients with long term conditions, all were reviewed within 48 hours post discharge, one of these was readmitted within 14 days.
- 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 and patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice held a virtual diabetic clinic for patients with complex diabetes and offered insulin initiation for patients in the locality. This involved joint working with a diabetic consultant and referrals for patients that were registered at other local practices. We saw that formal meetings took place on a regular basis where these patients were discussed and reviewed, a summary report from the most recent meeting for January/April 2019 highlighted that this was working well and outcomes included a drop in blood glucose (sugar) levels for their complex diabetic patients.
- Following our inspection the practice provided additional evidence to support and emphasise the diabetic care they offered to the community. This highlighted a 9% increase in prediabetes and a drop in non-attenders for annual reviews. The report noted that this was due to the effective recall system operated in the practice. The report also noted that an oral antidiabetic medication audit identified nine patients needing changes to their medicines in line with local prescribing guidance; evidence of the audit confirmed that these were acted on appropriately. In addition, the report highlighted a 7% increase in the percentage of patients with diabetes who had cholesterol regulated to less than 5mmol, a further drop in Hba1c by 9% amongst referred patients and an average weight loss of 3.5kgs for patients commenced on injectable therapy.
- Furthermore, the practice continued to deliver diabetic masterclasses, these were held with a professor and a member of the diabetic team from the University Hospital Birmingham. Due to the success of these clinics the practice had been approved for formal delivery through the Diabetes Transformation Funding programme.
- The practice offered depression screening for patients with a long term condition. Unverified and unpublished data provided by the practice during the inspection highlighted that out of 323 patients with diabetes, 224 had been screened for depression. The practice noted that

depression diagnosis rates had reduced from nine to four.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.6%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.8% (33)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.5%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.2% (16)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	88.1%	81.1%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.5% (35)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	84.9%	76.6%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.1% (12)	6.2%	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) (QOF)	93.1%	91.4%	89.7%	No statistical variation

Exception rate (number of exceptions).	9.0% (13)	11.2%	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)	83.8%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (20)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	92.1%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (1)	8.1%	6.7%	N/A

Any additional evidence or comments

The practices Quality Outcomes Framework (QOF) performance was above average in most areas, including for the management of long term conditions such as diabetes and asthma care. The practice operated an effective call and recall system to ensure that patients attended for various health checks, tests and reviews. There were clinical leads in place for each area of QOF with administrative support in place. In addition the practice regularly conducted searches on the patient record system to ensure that patients were appropriately captured under the relevant disease and care register. Members of the management team noted that this helped with their recorded disease prevalence which was higher than averages for areas such as diabetes and Chronic obstructive pulmonary disease (COPD).

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets and above target for Diphtheria, Tetanus, Polio, Pertussis and Haemophilus influenza type b vaccinations. Following the inspection the practice noted that they had been approached to partake in a GP Immunisation Quality Scheme Pilot, to improve performance and quality of immunisation delivery in GP practices. The practice had a nominated immunisation champion and a deputy in place, these attended programme events, engaged with Child Health Information System (CHIS) and reviewed the practices immunisation processes.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception. The practice offered a

full contraceptive service, including insertion and removal of sub-dermal implants, chlamydia screening, Long Acting Reversible Contraception (LARC) advice, condoms and signposting to Umbrella contraception services if and when appropriate

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)	71	73	97.3%	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)	54	59	91.5%	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) (NHS England)	54	59	91.5%	Met 90% minimum (no variation)
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)	54	59	91.5%	Met 90% minimum (no variation)

Any additional evidence or comments

Performance for the uptake of childhood immunisations was above target. We saw that immunisation rates were continually monitored and missed appointments were followed up by the clinical team.

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 medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	72.4%	68.0%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	65.9%	63.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	41.8%	43.9%	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)	42.9%	74.1%	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)	47.6%	52.1%	51.9%	No statistical variation

Any additional evidence or comments

- There was evidence to confirm that sample takers were trained and up to date with their training requirements.
- We saw evidence of the nurse's failsafe records to ensure that a screening result was received for every sample submitted to the lab and that inadequate sample rates were routinely audited.
- The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.
- The practice noted than they had identified cancer detection as an area for improvement and this was part of the practices improvement plans.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.
- The practice regularly reviewed their vulnerable patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients with dementia had a structured comprehensive bi-annual review to check their health, care and medicines needs were being met.
- 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.
- There was evidence of joint working with other health, social and mental health support services including quarterly meetings with a local psychiatrist.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.1%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	29.2% (7)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	25.0% (6)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.5%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	19.2% (5)	6.0%	6.6%	N/A

Any additional evidence or comments
Performance for the management of patients experiencing poor mental health (including dementia) was above average. We observed the practices process for exception reporting during our inspection. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment where excluded; following three attempts from the practice. Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that vulnerable patients were not inappropriately excluded. There was clinical oversight of the practices exception reporting, this was supported by the GPs. We noted that exception reporting was higher than average across some mental health indicators. We saw that these were based on a small cohort of patients that had been excluded and that an appropriate exception reporting process was followed in these instances.

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)	553.4	545.4	537.5
Overall QOF exception reporting (all domains)	5.3%	6.1%	5.8%

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

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

The practice routinely monitored their systems and conducted regular searches and audits to identify and embed improvements within the practice. For example, we saw a programme of prescribing audits completed across different areas including high risk medicine prescribing, opioid prescribing (specific medicines for pain relief) and DMARD prescribing (disease-modifying anti-rheumatic drugs). We also saw that a prescribing audit was completed focussing on specific medicines prescribed to patients with type-2 diabetes. The audit highlighted that nine patients were identified as needing a specific branded medicine in line with guidance from the local prescribing formulary. We saw that these patients were contacted and medicines changed accordingly. Our review of the minor surgery audit (April 2017/March 2018) highlighted that the practice had achieved a 100% patient satisfaction rate, 0% post-operative infection rates and a 90% achievement for correct diagnosis.

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
Explanation of any answers and additional evidence: The development of staff was recognised as being integral to ensuring the delivery of a high quality service. For instance one of the practices receptionists had developed as a prescribing clerk and another had trained to become a health care assistant in the practice.	

Coordinating care and treatment

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

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

including with health visitors, case managers, district nurses, school nurses and also with the local hospice. We saw evidence to support that patients receiving palliative care had information shared in a timely and effective way and received joined up care as required. The practice also adhered to Gold Standard Framework principles and demonstrated that they proactively identified patients with life limiting conditions to provide proactive and supportive care.

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.3%	96.1%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.8% (9)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for immunisations and minor surgery procedures.

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

CQC comments cards	
Total comments cards received.	7
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	There was a theme in positive feedback throughout the completed comment cards. Comments described a good service overall and staff were described as friendly and helpful.
Interviews with patients	Patients we spoke with during our inspection described staff as caring, friendly and helpful. Feedback was positive about care and treatment overall. Some patients described a calming atmosphere at the practice.
NHS Choices	The practice had received a three point five out of five-star rating based on nine ratings and eight reviews. The most recent comments were made in 2018. Most of the comments in 2018 were very positive, these described an excellent service and were complimentary about both clinical and non-clinical staff.

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
5259	337	103	31%	1.96%

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)	90.1%	87.7%	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)	88.1%	85.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.0%	95.4%	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)	86.5%	81.0%	83.8%	No statistical variation

Any additional evidence or comments
Feedback from patients during our inspection and on the completed CQC comment cards described the practice team as caring, this was consistent with the positive results on the national GP patient survey.

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

Any additional evidence
The practice carried out an internal patient survey in February 2019. The practices patient participation group (PPG) helped patients to undertake the survey and over the course of a week a total of 170 surveys were collated. Results were positive, highlighting that 92% of the respondents felt that they were supported in the management of their long term conditions and 92% felt that staff were welcoming and approachable.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: We saw that the practice made use of and signposted patients to access support through local social prescribing schemes.	

Source	Feedback
CQC Comment Cards	Comments cards highlighted that patients felt involved in the decisions about their care and treatment.
Interviews with patients	Patients we spoke with during our inspection expressed that they felt listened to during consultations and that they felt very much involved in their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.2%	92.7%	93.5%	No statistical variation

Any additional evidence or comments
Feedback from patients during our inspection and on the completed CQC comment cards highlighted that patients felt involved in decisions about their care, this was consistent with the positive results on the national GP patient survey. In addition, the results from the practices internal survey carried out in February 2019 highlighted that 92% of the respondents felt involved in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y

Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: N/A	

Carers	Narrative
Percentage and number of carers identified.	• There were 89 carers on the practices register, this was 2% of the practices population. • Through opportunistic checks, the practices carers register had increased from 64 members to 89 members since August 2018; this was an increase from 1% to 2% of the practices population. • Following our inspection the practice provided evidence of a report from 10 June 2019. This highlighted that there were 178 carers on the practices carers register and that this was 3% of the practices patient population.
How the practice supported carers.	There was a carers information available in the practice containing a range of supportive and signposting information. There was also information available for carers to take away. Carers were offered health checks, health screening and flu vaccinations. Carers were also signposted to carer support services and support through local social prescribing schemes. The practice provided access to room for "making space for carers" as a drop in facility for carers from October 2018 for a six month period.
How the practice supported recently bereaved patients.	Bereaved patients were initially contacted by the GP where agreed with the individual and where appropriate the practice sent condolence cards to support recently bereaved patients. Patients were also signposted to support services for bereavement care.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: • Feedback from patients during our inspection highlighted that patients felt their privacy and dignity was respected when attending the practice for appointments, examinations and treatment. • In addition, the practice followed a policy which was implemented from their provider organisation, OHP. This policy contained an equality and diversity statement and minimum	

expectations as to how patients should be treated. We saw that this was available and effectively embedded.

- Results from the practices internal survey carried out in February 2019 highlighted that 96% of the respondents felt that they were treated with dignity and respect.

Responsive Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 1pm and from 2pm – 6.30pm
Tuesday	8.30am – 1pm and from 2pm – 6.30pm
Wednesday	8.30am – 1pm
Thursday	8.30am – 1pm and from 2pm – 6.30pm
Friday	8.30am – 1pm and from 2pm – 6.30pm
Through the OHP model, patients could also access evening and weekend appointments at Lordswood House Medical Practice. This was available to patients registered at the practice, in addition to those registered with several other practices within the partnership. These appointments were available Monday to Friday from 6.30pm to 8pm, Saturdays from 9am to 1pm and on Sundays from 10am to 2pm. The extended hours service was advertised in the practice and on the practice website.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5259	337	103	31%	1.96%

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)	93.5%	94.4%	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 and urgent appointments for those with enhanced needs and complex medical issues.
- Older patients with acute care needs were met with accessible same day appointments. These were triaged via telephone by a GP and priority call backs were provided for patients at risk of secondary care admission, this included direct contact between the on call GP and paramedic.
- The practice offered minor surgery for both registered and referred patients.

People with long-term conditions — Population group rating: Good

Findings

- The practice liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice operated an in-house virtual diabetic clinic and offered insulin initiation for both registered and referred patients.
- Patients with a long-term condition had a direct telephone number to the reception team for appointments or to speak to a clinician.
- The practice offered nurse led domiciliary visits for the management of long term conditions as well as phlebotomy and injections.
- The practice offered minor surgery for both registered and referred patients.

Families, children and young people — Population group rating: Good

Findings

- All parents or guardians calling with concerns about a child were offered a same day appointment.
- Appointments could be accessed during evenings and weekends for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged

circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- The practice held baby clinics for immunisations and six and eight-week development checks.
- The practice offered minor surgery for both registered and referred patients.

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.
- Appointments could be accessed during evenings and weekends through the practices extended access arrangements.
- The practice offered telephone consultations, including for patients who could not attend the practice due to working commitments.
- The practice operated walk-in flu and phlebotomy clinics.
- The practice offered minor surgery for both registered and referred patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- There was a GP lead in place for vulnerable patients. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Vulnerable patients were signposted to services for help and support and could also access support through local social prescribing schemes.
- The practice offered minor surgery for both registered and referred patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held drop in dementia days with attendance from the carers foundation approximately every two months to create awareness and promote support for carers of people with dementia.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice offered minor surgery for both registered and referred patients.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice operated an effective system for managing home visit requests, each request was reviewed by a GP who contacted the patient/carer to triage and attend if appropriate.	

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)	70.8%	N/A	70.3%	No statistical variation
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)	74.7%	62.4%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	74.7%	62.8%	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)	82.7%	69.8%	74.4%	No statistical variation

Any additional evidence or comments
Responses to the National GP Patient survey regarding access to care were positive. Performance in areas such as appointment times, type of appointments and experience of making an appointment were all above local and national averages. The practice manager explained that the practice continually

monitored their access to ensure patient satisfaction, we saw that action had been taken where areas for improvement had been previously identified. For example, the practice had changed their telephone system so that calls could be placed in a queue during busy times. Some of the patients we spoke with during our inspection commented that this was working well.

The practice carried out an internal patient survey in February 2019. The practices patient participation group (PPG) helped patients to undertake the survey and over the course of a week a total of 170 surveys were collated. Most of the results were positive with regards to care and overall experience of the practice. Some results noted that patients were not fully aware of the evening and weekend appointments available through the extended hours service however we saw that an action plan was in place to increase awareness and promotion of this, this also applied to the practices plans to increase registrations for online access.

Source	Feedback
CQC Comment Cards	Comment cards described good access to appointments overall, one comment noted that more pre-bookable appointments would be helpful.
Interviews with patients	Patients we spoke with during our inspection told us they had no problems accessing the service and that appointments usually ran to time.

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.	14
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
Explanation of any answers and additional evidence: Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form in place which could be used to capture verbal and hand-written complaints. The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further. Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at practice meetings. In addition, the practices provider organisation, OHP, reviewed complaint trends and benchmarked these across other practices within the partnership.	

Examples of learning from complaints.

Complaint	Specific action taken
Complaint made regarding manner of receptionist.	An investigation was completed involving all parties involved. An apology was provided to the complainant and arrangements for staff mentoring and customer service training initiated.
Complaint made regarding issues in accessing an appointment for a child.	An investigation was completed, records of the complaint highlighted a miscommunication at the front desk and limited time to outline other access options such as GP triage. On being made aware of the concern an appointment was offered with the GP and the matter was resolved.

Well-led Rating: Good

Leadership capacity and capability

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

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

Explanation of any answers and additional evidence:

Leaders were visible in the practice at both provider and local levels; this included practice management as well as members of the provider organisations leadership team, at OHP. Staff spoke positively when discussing the professional relationships between managers and staff. There was also evidence of short and long term business and succession plans in place. These plans were continually monitored and reviewed in practice.

During and following our inspection, members of the management team emphasised how they had experienced a recruitment crisis during 2018. Staff demonstrated sustainability and resilience by:

- Maximising the work capacity of two GP Partners and the employment of a long term locum GP to a salaried GP position.
- Staff were upskilled to redistribute work, this was across some of the non-clinical and clinical areas.
- The practice utilised a new workflow management system to provide a reduction in documents which would normally be actioned by GP's.
- Continued positive performance across the Quality Outcomes Framework.
- Continuity of services in the locality including diabetic insulin initiation and minor surgery.

Vision and strategy

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

sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practices vision, in summary, was to offer quality care to their patients. As a member of OHP there was also a collective vision which was to provide: 'A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.' This vision was also set out in the provider business plan. This had undergone annual review to monitor progress of delivery with their partners and identify that the direction of travel was still appropriate. Some of the future plans for the practice included moving towards a nurse-led triage service, making use of innovations in technology to provide digital access, maximising use of social prescribing schemes and enhancing the practice website.	

Culture

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

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

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

Source	Feedback
Interviews with staff	Staff described the practice as a positive, friendly and an open environment in which to work. Staff expressed that they were confident to raise concerns and to make suggestions at work. Management described the team as hard working, flexible and adaptable; management confirmed that they felt fully valued and supported in their role. Overall, staff expressed pride in working at the practice

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice operated a clear leadership structure which was supported by clear management and lines of accountability. We saw that formal governance and organisational structures were in place to support this and that these transitioned through to the provider organisation, OHP.	

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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	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
Explanation of any answers and additional evidence: OHP operated a centralised governance function that provided the board with assurance that standards were being maintained at practice level and to intervene where necessary in a supportive role. There was also a centralised governance team available to help support and embed improvement in practices such as through mock inspections, monthly monitoring of practices self-declaration and proactive follow up of potential risks identified in order to provide additional support where needed. Practice risks were discussed at the centralised governance meetings with assurance given to the OHP board.	

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
Explanation of any answers and additional evidence: Practice specific policies were available on the practices shared computer system and in hard copy format. Policies were well organised, easy to access and were part of a systematic review process.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: We saw evidence of regular meetings happening within the practice where staff could contribute towards the planning and delivery of services. Meetings included weekly meetings for the clinical team, bi-monthly reception meetings and quarterly all practice meetings. We saw that in-between meetings staff had access to minutes, agendas and communications through the practices notification system. In addition, as a close team staff noted that they made use of email to share information and communicated well as a team on a day to day basis. The practice engaged well with their provider organisation, OHP and with other practices within the partnership. As part of OHP, the practice formed part of the Weoley Primary Care Network (PCN) with four other practice. Staff attended local alliance meetings when available and regularly engaged with their local Clinical Commissioning Group (CCG).	

Feedback from Patient Participation Group.

Feedback
• We spoke with two members of the Patient Participation Group (PPG) during our inspection, they noted that they felt involved in the practice and could contribute to practice decisions. For example, the PPG requested that a dedicated phone line was installed for patients and visitors requiring a taxi service at the practice, this was suggested to prevent having to use the practice phone line where patients could be ringing in for appointments and enquiries. We saw that the practice had listened to and acted on this suggestion. • Formal PPG meetings took place on a quarterly basis, themes from complaints and incidents were shared with the PPG. The PPG also helped to increase survey uptake within the practice by helping patients to complete a survey whilst visiting the practice. • Future PPG plans included working with the practice to increase awareness and promotion of the extended hours service and online access, these plans arose following an internal satisfaction survey which was facilitated and supported by the PPG.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice shared learning from significant events and complaints through practice meetings and through OHP's clinical and governance systems. The practice also discussed patient satisfaction results at meetings, clinical audits and quality performance to identify areas for improvement. In addition, themes from these areas were shared with the PPG.	

Examples of continuous learning and improvement
The practice was a training practice and provides training and teaching opportunities to trainee GPs and medical students. In addition, the practice offered shadowing opportunities to other GPs and to students considering a career as a GP, this enabled students to undertake observational visits as part of a selected career experience scheme.

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-

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.