

Care Quality Commission

Inspection Evidence Table

Ann Jones Health Centre (1-2823126902)

Inspection date: 21 May 2019

Date of data download: 07 May 2019

Overall rating: Good

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

This practice was previously inspected in April 2018 and rated Requires improvement overall. Following this inspection in May 2019 the practice is now rated Good overall.

Safe

Rating: Good

During our inspection in April 2018 we rated the practice as requires improvement for providing safe services. This was because the practice had not identified certain risks that had the potential to cause harm. Following this inspection in May 2019 the practice is now rated as good for providing safe services. We found the practice had responded appropriately to the concerns we had identified during our previous inspection.

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.	NA
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

Safeguarding	Y/N/Partial
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
Explanation of any answers and additional evidence:	

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: During our inspection in April 2018, we found the practice did not have immunisation records for all staff in line with guidance. During this inspection in May 2019 staff told us the provider had amended their processes for collecting staff vaccination information and we found the practice had collected relevant information for all staff.	

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:	Y 06.09.2018
There was a record of equipment calibration. Date of last calibration:	Y 06.09.2018
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: Carried out weekly by practice	Y
There was a log of fire drills. Date of last drill:	Y 04.02.2019
There was a record of fire alarm checks. Date of last check: Carried out weekly by practice	Y
There was a record of fire training for staff. Date of last training: from records we viewed all staff had completed training	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 31.01.2019
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: We saw evidence of an external Legionella risk assessment on 18.10.18 and the practice had completed recommended actions. Legionella is a bacterium that can affect water systems.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: by Stephen. 10.4.19	Y 10.04.2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14.7.18 and 10.4.19	Y
Explanation of any answers and additional evidence:	

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:	22.01.18
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 saw staff received online training for infection prevention and control. The provider did not offer specific training for the infection prevention and control lead but we saw evidence that they had completed the online training in infection prevention and control. The practice manager told us they had contacted the CCG to arrange a date for their next audit. In the interim the practice manager was carrying out weekly infection prevention and control checks and taking action as needed. We did not identify any concerns with infection prevention and control during our inspection.	

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:

During our inspection in April 2018 we found not all safety and security risks had been assessed and mitigated. During this inspection in May 2019 we found the practice had acted appropriately to secure areas that were accessible to staff only. Patient records and sharps containers were stored securely.

The practice had a vacancy for their practice nurse. They continued to advertise the post, however told us they were finding it difficult to recruit. They were using a locum nurse to provide nursing services two to three days a week depending on demand. They had been using the same nurse for approximately two years to provide consistency to patients. The practice management team told us they had considered using resources from within the wider organisation, however had discounted this option as it did not offer any additional benefits when compared with the additional travel time it would incur to their nurses.

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:	

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)	0.46	0.96	0.91	Significant 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)	4.4%	5.7%	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)	4.78	5.16	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	0.71	1.70	2.13	Significant Variation (positive)

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.	N/A
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.	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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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
<p data-bbox="57 1265 807 1301">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1352 1509 1424">Staff told us they worked hard to achieve good levels of antibiotic prescribing. They followed national guidelines and gave patients written information about antibiotics.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	Seven
Number of events that required action:	Seven
Explanation of any answers and additional evidence: All staff we spoke with were aware of recent incidents and learning.	

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

Event	Specific action taken
Vaccination error	Staff took appropriate action immediately on becoming aware. The patient was contacted and informed about the error. The practice amended their processes for managing patients attending the practice for a vaccination.

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: The provider's central team managed all safety alerts and informed the practice of any action needed. The practice manager also received alerts directly. From information we reviewed, we saw alerts were dealt with appropriately.	

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:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.02	0.73	0.79	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Published data for 2017/2018 showed practice performance was either in line or above CCG and national averages for management of patients with long term conditions. Unverified and unpublished data we viewed during the inspection for 2018/2019 for diabetes management showed performance had improved further and the practice provided evidence from the CCG that Ann Jones Health Centre had completed all eight care processes for diabetes in 95% of their patients, this was the highest number achieved in the CCG.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.0%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.6% (5)	11.2%	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)	83.1%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.7% (6)	8.8%	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>	76.3%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.6% (13)	11.4%	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>	78.4%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.5%	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>	100.0%	90.5%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	0 (0)	12.7%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.5%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.3% (5)	4.3%	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)	85.7%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.4%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were slightly above World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access some services for sexual health and contraception at the practice. Staff appropriately sign posted patients that required services that weren't provided at the practice.

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)	24	26	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	22	23	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	22	23	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	22	23	95.7%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice had improved their uptake with childhood immunisations despite not having a permanent practice nurse and were meeting all WHO targets.

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.
- Staff told us they were aware their uptake for cervical cancer screening was below Public Health England targets. Staff told us of the actions they were taking to try to improve uptake. The nurse

and GP were both able to take samples. Non-clinical staff contacted patients by phone and text to remind them of their appointments.

- Staff were aware the practice's uptake for breast and bowel cancer screening was below CCG and England averages. They told us they had contacted the cancer screening department to discuss how they could improve uptake. This included the use of new sample taking kits for bowel cancer screening that were simpler to use. The practice also wrote to patients that had not attended their appointments, we saw there was information displayed in the waiting area and staff told us they were reminding patients if they came into the practice for another reason.

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)	67.3%	65.8%	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)	55.1%	64.2%	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)	34.1%	42.1%	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) (PHE)	100.0%	65.8%	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)	0.0%	50.0%	51.9%	Significant Variation (negative)

Any additional evidence or comments

During our previous inspection in April 2018 we found the practice did not have a system in place to check they had received a result for every cervical cancer screening sample sent. During this inspection in May 2019 we found the practice had an effective system in place and could monitor all results.

From published data we saw the number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) was significantly lower than CCG and national averages. We discussed this with staff during the inspection. Staff explained due to a very young patient population data for their practice was not an accurate reflection of performance.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice 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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.0%	91.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	13.5%	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)	90.0%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	10.9%	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)	75.0%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.8%	6.6%	N/A

Any additional evidence or comments

During our inspection in April 2018 staff had told us they did not always use care plans. From records we reviewed during this inspection, we saw the practice was using care plans appropriately and patients and/or their carers were involved in their care plans where appropriate.

Unverified data from the practice showed all patients with a mental health illness and those patients living with Dementia had been reviewed between April 2018 and March 2019 and had a care plan in place.

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)	534.8	538.1	537.5
Overall QOF exception reporting (all domains)	3.9%	6.2%	5.8%

Y/N/Partial

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

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

- Clinicians told us the practice carried out their own audits as well as the ones assigned by the provider.
- The practice provided evidence of audits that showed an improvement in quality of care for patients
- For example, the practice had carried out an audit of patients on a medicine used to manage atrial fibrillation. The initial audit showed three out of six patients were on the correct dose. The practice contacted the three remaining patients where necessary and adjusted their medicine. At re-audit in May 2019, 10 patients were receiving this medicine and all 10 patients were being monitored appropriately and were on the correct dose.
- The practice gave us evidence of another audit where they reviewed patients on a certain group of medicines that have the potential to cause side effects and have a significant effect on quality of daily living. The aim of the audit was to reduce the risk of unnecessary side effects. The initial audit showed seven patients required changes to their treatment to reduce side effects. Four patients had to remain on their current medicine due to clinical need. At re-audit the practice identified of those patients needing changes to their medicines in the initial audit, six out of seven patients were managing well and able to continue. The two audits showed the practice were able to reduce unnecessary side effects and improve quality of life for patients.

Any additional evidence or comments

The practice provided unverified data that showed the overall QOF points achieved during 2018/2019 had improved by three points.

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.	N/A
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.	N/A
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:	

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.	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.	N/A

Explanation of any answers and additional evidence:

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
Explanation of any answers and additional evidence:	

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)	96.9%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0 (0)	0.7%	0.8%	N/A

Any additional evidence or comments

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:	

Caring

Rating: Good

During our inspection in April 2018 we rated the practice as requires improvement for providing caring services. This was because the practice could not demonstrate they had considered patient satisfaction data or devised an action plan to improve patient satisfaction.

Following this inspection in 2019 the practice is now rated as good for providing caring services. We found the practice had taken appropriate action since the previous inspection and could demonstrate patient satisfaction had improved.

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	33
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
NHS choices	<p>There had been one review on the NHS choices website in the 12 months leading up to our inspection. The review was negative and was specific about the attitude of GPs. Part of the review was referring to a GP that no longer worked at the practice. We saw the practice had responded appropriately to the review and in a timely manner and had invited the patient to come in to the practice to discuss their concerns.</p> <p>After our inspection, another review had been left on the website. The review was positive about reception and clinical staff.</p>
CQC comment cards	We received a total of 35 CQC comment cards. All comments relating to staff were positive. People commented reception staff were helpful and caring, people had received an excellent or good service at the practice, people felt listened to by the doctors and treated with care. People were made to feel at ease and treated with

	<p>respect and dignity by all staff.</p> <p>Some people commented they had seen an improvement in the patient experience when compared with the past.</p>
--	---

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
1957	401	65	16.2%	3.32%

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)	72.9%	83.4%	89.0%	Tending towards variation (negative)
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)	72.9%	81.3%	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)	84.4%	93.0%	95.6%	Tending towards variation (negative)
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)	74.9%	75.5%	83.8%	No statistical variation

Any additional evidence or comments

The practice was aware of the results of the national patient survey, in particular, where patient satisfaction was poor. They felt strict prescribing guidelines may be one of the reasons why patient satisfaction was poor. To help improve this the practice used written information to help explain why certain medicines are not available on prescription any more.

Staff told us there had been changes in clinical and non-clinical staffing since the national patient survey was completed and the practice had carried out their own survey in April 2019 to determine if patient satisfaction had improved.

In total the practice received 48 responses. Results of the in-house survey showed:

- Of those people that responded 41 were likely or extremely likely to recommend the practice. One person commented they would be extremely unlikely, six people did not know or were neither likely or unlikely.
- Of those people that responded 28 people rated the service from reception staff as excellent, 14 as very good, and five as good.
- Of those people that responded, 25 rated the care from the practice as excellent, 12 as very good and 10 as good
- Of those people that responded, 21 people commented that the person answered their questions extremely well, 15 as very well, and seven as somewhat well. One person responded as not so well.
- Of those people that responded 35 patients felt the practice could not have done anymore to improve the experience.

Comments we received on CQC comments cards and from patients we spoke to during the inspection supported the findings from the practice's in-house patient survey.

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

Any additional evidence

Results from the practices in-house survey in April 2019 showed most people felt their experience was positive and they would be likely to recommend the practice.

Involvement in decisions about care and treatment

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

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

Explanation of any answers and additional evidence:

Source	Feedback
Interviews with patients and CQC comments cards.	Patient feedback was positive about the way staff involved patients in decisions about their care and treatment.
Review of care plans	From care plans we reviewed, we found patients and or their carers were involved appropriately in decision making.

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)	73.5%	89.4%	93.5%	Variation (negative)

Any additional evidence or comments

The practice was aware of the national patient survey results. Since the survey had been completed staff told us there had been a change in clinical and non-clinical staff and the practice ensured they used care plans for every patient that needed one. From care plans and records we reviewed, patients were involved in decision making.

The practice had carried out their own survey for one week in April 2019 to see if the changes they had made had improved patient experience. The survey showed that most people that responded felt practice staff had answered their questions well or really well.

Comments we received on CQC comments cards and from patients we spoke to during the inspection supported the findings from the practice's in-house patient survey. Patients told us they felt listened by staff.

	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:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 27 of their patients as carers. This was 1.4% of the patient list.
How the practice supported carers.	The practice had a carers' notice board in their waiting area this included information for young carers. The practice also gave carers an information pack containing information on support groups. The practice offered carers a health check and a flu vaccination. The practice gave us data that showed 67% of those patients identified as carers had attended the practice for a health check in the 12 months leading up to the inspection.
How the practice supported recently bereaved patients.	The practice wrote to any patients suffering a bereavement and sign posted them to appropriate support groups if necessary.

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:	

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider Modality Partnership had developed community specialist services for the management of chronic diseases. These were provided by Modality Partnership from their GP practices. This meant patients could be seen at a local modality GP practice instead of being referred to a hospital for secondary care services.</p> <p>All patients registered with the practice and the wider organisation were able to access appointments for: Respiratory conditions. Rheumatology Pain management Cardiology Gynaecology Ear, nose and throat (ENT) Urology Dermatology Ophthalmology.</p> <p>Dermatology and rheumatology clinics were provided from this practice on a Monday.</p> <p>Patients could also have blood tests taken at the practice.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 12.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am-11.30pm 2.30pm-6.00pm
Tuesday	8.30am-11.30am 2.30pm-5.30pm
Wednesday	8.30am-11.30am 2.30pm-5.30pm
Thursday	8.30am - 11.30am
Friday	8.30am-11.30am 2.30pm-5.30pm

<p>On a Thursday afternoon when the surgery was closed, phone lines were open and patients had access to telephone appointments which were carried out by another surgery within the Modality Partnership.</p> <p>When the surgery was closed for training or during evenings/bank holidays or weekends, patients were advised to contact the out of hours provider Malling Health or NHS 111.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1957	401	65	16.2%	3.32%

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)	77.4%	92.4%	94.8%	Variation (negative)

Any additional evidence or comments

The practice was aware of the national patient survey results and felt patient dissatisfaction was partly due to the strict prescribing guidelines the practice followed. Staff told us they had put up posters and produced leaflets to help explain the prescribing guidelines. The practice had also had a change in staffing since the survey was carried out.

The practice had carried out their own survey in April 2019 to see if the information on prescribing and the changes in staffing had impacted on patient experience. The questions were not directly comparable to those of the national survey, however results indicated patient satisfaction had improved, with 41 out of 48 patients likely to recommend the practice, all patients that responded felt the care they had received was good, very good or excellent.

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.
- In recognition of the religious and cultural observances of some patients, the practice had adjusted their appointment times to allow for more patients to attend in the afternoon during the month of Ramadan.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

--

Families, children and young people

Population group rating: Good

Findings

- Additional appointments with a GP were available until 6pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Patients could access midwife clinics at the practice once a fortnight on a Thursday morning.
- The practice offered breastfeeding facilities.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments with a GP till 6pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations within the area, as part of the provider's extended access service. Appointments were available on Wednesday evenings 6.30pm to 8pm at Bellevue Medical Practice and on Saturday mornings at Modality Attwood Green 9am to 12.30pm.
- The practice offered telephone consultations during the day for patients that might not be able to access the surgery during normal working hours.
- The practice offered online access to include booking appointments, ordering repeat prescriptions and more recently reviewing their patient records.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. At the time of inspection, the practice had one homeless person registered with the practice.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice manager told us they had attended training arranged by the provider on supporting veterans and keeping them informed about what services are available to them. We saw the practice had posters displayed in the waiting area that showed they were an armed forces veteran friendly accredited GP practice. The practice manager told us they would be amending their new patient registration template to include if patients were a veteran, so that their records could be coded correctly and they could be offered appropriate support.
- The practice had a food bank box in reception and were collecting donations to support a local mosque for the month of Ramadan.

**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.

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:	

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)	91.9%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	71.8%	58.3%	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)	64.1%	62.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	71.5%	65.8%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware of the national patient survey results. Staff told us patients could generally get an appointment that suited them. The results from the practice's in-house patient survey also showed patient satisfaction with appointment availability and being able to contact the practice to make an appointment was high.

The in-house survey did highlight that not all patients were aware of the practice's extended access. Staff told us this had been discussed as a team and in addition to the posters in the waiting room, they added a message to the righthand side of the prescriptions and put the information on their NHS choices page.

Staff told us the findings of the survey and what has been actioned would be shared with the PPG at the next meeting in June 2019

Source		Feedback
CQC cards	comment	We received 35 CQC comments cards, of these, seven were positive and specific about appointment availability. Patients commented they were able to access an appointment when they needed one.

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

	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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received a complaint about appointment availability.	The practice responded to the patient and offered to meet the patient to discuss their concerns further. The practice had followed their correct procedures and no further action was needed.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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:	

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 provider had developed a clear set of values which outlined a commitment to working with compassion, openness, truth and honesty. Conversations with staff demonstrated that their values and approach aligned with this.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held monthly staff meetings, from meeting minutes we saw information relating to complaints, significant events and any safeguarding concerns was discussed.</p> <p>All staff we spoke with (including locum staff) during the inspection were kept informed of issues affecting the practice.</p>	

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

Source	Feedback
Staff we spoke with	<p>Staff we spoke with during the inspection told us they felt supported by management, listened to and felt they worked well as a team.</p> <p>Staff told us they had not received sufficient training when the clinical system had first changed. They told us the provider had listened to their concerns and further training had been arranged for them.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider had improved their processes for collecting information relating to staff vaccination.</p> <p>The practice had taken immediate appropriate action after our previous inspection to reduce risks we had identified during the inspection.</p> <p>The practice had improved their systems to store and monitor prescription stationery.</p>	

- The practice had an effective system to ensure they received a result for all cervical screening samples sent.

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:	
The practice manager and GP met monthly to review practice performance information and form an appropriate action plan. They involved additional practice staff such as the locum nurse when necessary. The practice carried out their own recalls and contacted patients not attending their appointments in addition to those carried out by the provider's central team.	

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:	
The lead GP attended monthly clinical governance meetings held by the provider. From meeting minutes we viewed, we saw there was a comprehensive agenda including discussions around practice performance, clinical updates, significant event reviews and learning, complaints, death reviews, and quality improvement activities.	

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: The practice had carried out their own patient survey in April 2019 to assess patient satisfaction. The results were discussed with the practice team and the action that came from it was to advertise the extended hours more so that more patients were aware of this service. The findings of the survey and what had been actioned would be shared with the PPG at the next meeting in June 2019. Comments from patients completing the survey showed that when they had trainee physicians associates in the practice this had an impact on waiting times. To improve patient experience the practice had decided to increase the length of the appointment times for trainees and have more space in between appointments. They would also be amending the appointment times of the two trainees so both trainees were not waiting for support from the GP at the same time. Staff told us they would be repeating their patient survey in July 2019 to monitor the impact of the changes.	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the patient participation group. They told us the practice arranged the meetings throughout the year. The meetings were attended by the practice manager and lead GP. The group were informed of issues affecting the practice such as staffing or changes to appointments. From meeting minutes we viewed we saw the group were asked if they wished to raise any concerns.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

The practice was able to demonstrate they had learnt from significant events and learning had been shared with all relevant staff.

Learning from significant events was shared within the wider organisation through monthly clinical governance meetings.

Clinicians attended monthly Grand round meetings. These meetings were arranged by the provider for all clinicians to attend to share learning within the wider organisation. The meetings were recorded to share with colleagues that could not attend. Recent topics included updates on Heart failure, Pain management, and Orthopaedics (elbow examination).

The practice was an armed forces veteran friendly accredited GP practice. The practice manager had attended training, and the practice had written information to give to patients to help support them.

The practice offered training to trainee physician associates. We saw evidence of feedback from the University of Birmingham. Feedback from trainees was positive about the training and level of support they had received.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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