

# Care Quality Commission

## Inspection Evidence Table

### OHP-Wychall Lane Surgery (1-4236717045)

Inspection date: 14 May 2019

Date of data download: 03 May 2019

## Overall rating: Good

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

## Safe

## Rating: Requires Improvement

### Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, there were areas where these systems needed strengthening, in particular around the management of risks relating to health and safety.

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.	N/A
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).	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Training records submitted by the provider showed that most staff had completed their child and adult safeguarding training to an appropriate level.</p> <p>The practice had a safeguarding lead, staff had access to policies and contact details for relevant agencies. Regular safeguarding meetings were held with the health visitor and midwife to discuss any concerns. We saw that GPs had attended meetings and case reviews with relevant agencies as appropriate. We saw alerts were used on patient records to alert staff of any concerns they needed to be aware of.</p> <p>The practice manager advised us that reception staff acted as chaperones and had received a DBS check. They had received on-line chaperone training and informal training from one of the partners.</p>	

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.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff immunisation records were maintained but were not complete for all clinical staff and did not routinely include all areas of immunisation identified in the green book (information published by Public Health England containing the latest information on vaccines and vaccination procedures).</p> <p>Registration with professional bodies was checked at the time of recruitment but there was no system for monitoring this regularly on an ongoing basis. Evidence of recent checks were forwarded following the inspection.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 25/1/19	Y
There was a record of equipment calibration. Date of last calibration: 28/11/18	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: 23/10/18	Y
There was a log of fire drills. Date of last drill: 7/11/19	Y
There was a record of fire alarm checks. Date of last check: 13/5/19	Y
There was a record of fire training for staff. Date of last training: various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: Not dated	Partial
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence:	
The fire risk assessment had been carried out internally by a member of the administrative team without any specific training or knowledge. The fire risk assessment was very basic, was not dated and lacked clear actions. However, we did not identify any other issues with fire safety during the inspection and found the premises tidy and well maintained. Following the inspection, the practice forwarded supplementary fire risk assessments and advised that an external fire risk assessment had been arranged for the 20 June 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: not dated	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: not dated	Partial
Explanation of any answers and additional evidence:	
We saw a range of risk assessments in place, but these were not very comprehensive, most were not dated or with clear mitigating actions. Following the inspection, the practice provided us with additional	

risk assessments they had undertaken in relation to the service.

## 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.	Partial
Date of last infection prevention and control audit:	19/10/2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Training records showed most staff had completed relevant infection prevention and control training. However, there were four members of the clinical team and several administrative staff that were not up to date. The practice had carried out an inhouse infection control audit and had scored 99%.	

## 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:	

Basic life support training had been undertaken by all practice staff as a face to face event.

There was a notice in waiting area advising patients to let the reception staff know if they felt their condition was deteriorating. Reception staff could access the triage doctor for advice and support if needed. Training records showed that some of the reception staff had completed online sepsis training.

The practice advised us of medical emergencies that had occurred in the practice. Following these events, there had been a review to identify any further learning.

The practice staff had systems to ensure there were sufficient staff on duty. There were restrictions on the number of staff that could take annual leave at any one time. The practice accessed locum staff when needed through the provider organisation (OHP) internal locum agency. There was a locum pack in place which contained practice information, referral processes, key contact details and a reference to local guidelines.

## 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: Patients with complex needs were discussed at partners meetings to ensure care and treatment was appropriate.	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.08	0.87	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	12.8%	7.7%	8.7%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.02	5.15	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)	2.10	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.	Partial
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



Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	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.	Partial
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>Explanation of any answers and additional evidence:</p> <p>The practice had undertaken audits of antibiotic prescribing which showed a reduction in prescribing levels. The partners had also undertaken relevant training and made use of local prescribing formulary which was available to clinicians on their clinical system. The practice had also been involved in other prescribing audits including opioids and polypharmacy reviews.</p> <p>The GPs told us that they provided support and supervision for the non-medical prescriber at the practice but there were no formal arrangements in place for this.</p> <p>The practice held stock of emergency medicines. There was a log in place to check the emergency medicines however this did not include the full list of recommended emergency medicines to enable full checks to be made. We found the practice did not stock all recommended medicines for use in an emergency. Following the inspection, the practice forwarded to us risk assessments as to action required if these medicines were needed.</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:	34
Number of events that required action:	34
Explanation of any answers and additional evidence:	
The practice had adopted standardised processes implemented by the provider organisation (OHP) for recording and reporting significant events. Risks were rated according to the severity of the event.	
We found staff were open, transparent in relation to reported incidents and demonstrated they were utilising learning from incidents to improve patients' safety.	

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

Event	Specific action taken
Unexpected death	A meeting was held involving various agencies. Together they reviewed what actions had or had not been taken to see if anything had been missed. The practice had introduced a new system for identifying certain indicators and reviewing information from health professional to identify any potential concerns for patients that may be at risk.
Patient with the same name seen and issues prescription for the wrong person. This was picked up by the pharmacist.	The incident was discussed with reception staff. Alerts were placed on the system to prompt staff where patients had similar names. Reception staff were advised to undertake extra checks where patients had similar names.

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 practice maintained records of safety alerts received and actions taken through Team Net. The practice followed standardised processes for reporting relevant actions taken in response to safety alert. This gave the provider organisation assurance that they had been acted on.

## 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: Templates were used by clinicians for chronic disease management. The GPs each had areas of specific interest in which they kept up to date and shared relevant information at clinical meetings.	

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>	0.94	0.78	0.79	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice identified older patients with complex care needs and worked closely with the community case manager to support this group of patients. Community health teams had a direct link to the duty doctor if they needed to discuss anything.</li> <li>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.</li> <li>The practice undertook polypharmacy reviews alongside the CCG pharmacist to identify appropriate de-prescribing of medicines where there may be risks to patients as a result.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental</li> </ul>

and communication needs.

- Flu vaccinations were offered to older patients.

## 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 as appropriate.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension to ensure appropriate treatment was put in place.

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)	77.0%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.8% (49)	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)	68.5%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.3% (46)	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) <small>(QOF)</small>	78.0%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.1% (62)	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) <small>(QOF)</small>	72.1%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (49)	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) <small>(QOF)</small>	89.0%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (11)	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)	81.5%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.6% (22)	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)	89.6%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (11)	8.1%	6.7%	N/A

#### Any additional evidence or comments

The GPs had recently taken on a new partner that will enable them to introduce GP-led diabetes initiation clinics in-house from July 2019.

Patients at risk of cardio vascular disease were risk assessed and if at high risk were invited in to the practice for a review.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were meeting the 90% minimum target with the exception of children aged 2 who had received immunisation for measles, mumps and rubella (one dose of MMR).
- The practice had arrangements to identify and review the treatment of newly pregnant women including those on long-term medicines. These patients were provided with post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.



Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
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)	82	87	94.3%	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)	82	91	90.1%	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)	82	91	90.1%	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)	78	91	85.7%	Below 90% minimum (variation negative)

### Any additional evidence or comments

In order to improve uptake of child immunisations nursing staff told us that they had recently become involved in a regional scheme led by the Public Health Department to increase immunisation through proactive follow up and by pre-booking the next appointment.

### Working age people (including those recently retired and students)

Population group rating: **Good**

### Findings

- The practice offered the meningitis vaccine, for example for patients 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.
- The practice provided contraceptive and sexual health clinics which included contraceptive implants and fitting of intra uterine devices.

- One of the GPs had a special interest in the menopause.
- Uptake of national cancer screening programmes was in line with national averages. However, the practice was not currently meeting the 80% target uptake.

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)	72.1%	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)	71.5%	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)	51.7%	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)	82.9%	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)	41.7%	52.1%	51.9%	No statistical variation

#### Any additional evidence or comments

Failsafe systems for cervical screening samples were not in place to ensure results were received or for monitoring of colposcopy referrals. Following the inspection, the practice implemented a policy to ensure appropriate follow up of cervical screening samples was undertaken.

#### 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 was participating in the Royal College of General Practitioners, Marie Curie Daffodil Standards to support best practice in end of life care.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.

- Patients with no fixed abode could register at the practice.
- Patients who were military veterans were recorded so staff were aware and signposted to specialised services available.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered services to patients who misused substances. A drug misuse worker ran regular clinics at the practice.
- Information was displayed for those at risk of harm and carers to signpost them to support available.
- The practice was able to offer social prescribing to patients who would benefit through referral. Patients could also self-refer. In the first six months of the scheme starting there had been eight referrals, which was the second highest in the locality.

**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 through annual reviews and offered support as appropriate.
- 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. The practice was working closely with the Samaritans and would signpost them to the service if needed.
- Care plans were in place for patients with severe mental health and dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice referred patients to local counselling services as required.

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)	91.4%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	20.5% (15)	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)	93.3%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.8% (13)	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)	86.3%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (2)	6.0%	6.6%	N/A

### Monitoring care and treatment

**The practice had a 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)	543.5	545.4	537.5
Overall QOF exception reporting (all domains)	4.6%	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 shared with us a range of audits that they had undertaken during the past two years which included the following two cycle audits:

- The first audit related to the prescribing of a broad-spectrum antibiotic. The initial audit undertaken in October 2018 showed poor adherence to antibiotic guidelines. Action included educating clinicians in its use. On re-audit in April 2019 improvements were made with regards to appropriate prescribing of this medicine in line with guidance.
- The second audit was undertaken following a medicines safety alert relating to a certain medicine that used during pregnancy is associated with risks of congenital malformations. Women of child bearing age should be offered appropriate contraception when taking this medicine. Six women were identified and contacted to discuss their contraceptive needs. On re-audit all but one patient had been seen to discuss contraception. The outstanding patient was re-invited to attend the practice.

## 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
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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had one new Health Care Assistant (HCA) who had recently started but had not been offered completion of the Care Certificate. The practice manager advised that they also worked at another local GP practice in the same capacity and held a level 3 diploma in Health and Social Care. Following the inspection, the practice advised that they had discussed the Care Certificate with the HCA who advised that their level 3 diploma in Health and Social Care covered the Care Certificate standards but would be completing them.</p> <p>Staff received regular appraisals and support in relation to their roles and requirements of professional revalidation. However, we identified that there was a lack of formal processes for ensuring competence of decision making and prescribing of non-medical prescribers. There was no formal documented guidance as to what the Advanced Nurse Practitioner did or did not see. Practice staff told us that they were experienced and had been with the practice for several years.</p> <p>We saw training records for members of staff. However, there were some gaps noted in relation to key staff training. Systems for monitoring staff training were not fully effective.</p>	

## 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.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>The practice participated in regular multi-disciplinary team meetings with the community healthcare and palliative care teams.</p> <p>We received positive feedback from the manager of a local residential home who told us that there was a good working relationship with the practice. They told us that staff were responsive to the needs of patients at the residential home.</p>	

## Helping patients to live healthier lives

### Staff were proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out NHS Health Checks and followed up where actions was needed. There were services available that the practice could refer or provide to patients if they needed additional support including counselling, social prescribing, substance misuse and diabetes education programmes.</p> <p>The practice had undertaken opportunistic pulse checks during flu clinics which had enabled them to identify and appropriately support patients with atrial fibrillation.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.1%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (11)	0.6%	0.8%	N/A



## Consent to care and treatment

**The practice 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: There was a process in place for obtaining consent. The practice advised that consent forms for sexual health and contraceptive services (implants and intrauterine devices) were audited externally. Following the inspection the practice advised that they had undertaken an audit for minor surgery and found consent forms were completed appropriately.	

## 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
Explanation of any answers and additional evidence: The practice was participating in the RCGP Marie Curie Daffodil scheme to improve end of life care to patients. This included supporting patients in planning end of life care and carer support.	

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Friends and Family Test	Between February and April 2019, the practice received 61 responses from patients to the Friends and Family Test. Of the patients who responded 58 (95%) said they would be likely or extremely likely to recommend the service to others.
Patient Participation Group (PPG)	We spoke with three members of the PPG. All were very complimentary about the practice and the service they received. They spoke positively about the staff and the care provided by the practice. All said that they were treated with dignity and respect by all members of the team.
CQC Comment Cards	Feedback from the comments was mostly positive, staff were described as helpful, professional and caring.
Health and Care Professionals	Feedback from two health and care professionals who worked closely with the practice was positive. They described good supportive working relationships to meet the needs of patients and their families.
NHS Choices website	The practice had received a three out of five star rating based on eight reviews. Four of the reviews were made in the last 12 months. These were mixed about the service received.

## 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
8751	278	101	36.3%	1.15%

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)	90.6%	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)	90.5%	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)	97.3%	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)	90.3%	81.0%	83.8%	No statistical variation

### Any additional evidence or comments

Results from the National GP Patient Survey were higher than CCG and national averages for questions relating to the quality of consultations.

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

### Any additional evidence

Although the practice had not carried out their own inhouse patient survey they encouraged patients to provide feedback via the Friends and Family test (FFT). Texts were sent out to patients after their appointments asking them to complete the FFT. Members of the Patient Participation Group (PPG) also told us that they had attended a flu clinic in 2017 and chatted to patients using the FFT as a prompt to obtain feedback on the service. Patient comments were shared with the practice and displayed on the PPG notice board. The practice had produced an action plan detailing action taken in response to the various feedback they had received.

### 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: The provider organisation participated in social prescribing to help patients find further information and support to help their needs.	

Source	Feedback
Interviews with patients.	We spoke to three members of the Patient Participation Group who were also patients at the practice. They told us that they felt very much involved in their care and treatment and that written information had been provided by clinicians to help them make informed decisions about their care.
Residential Home	We spoke with a manager from a local residential home who told us that clinicians took time to speak and involve patients and their families in their care and treatment.

### 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)	99.5%	92.7%	93.5%	Variation (positive)

Any additional evidence or comments
Patients who responded to the National GP Patient Survey rated their involvement in decisions about their care and treatment above local and national averages.

	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.	Partial
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice could request information in different languages or in alternative formats through the provider organisation if required.</p> <p>The practice website had links to local carers support and signposted patients to support available for various conditions.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had 227 patients on its carers register. This equated to 2.6% of the practice list.
How the practice supported carers.	<ul style="list-style-type: none"> <li>• The practices had a dedicated lead member of staff for carers.</li> <li>• Patients who were carers were given a carers pack with supporting information.</li> <li>• Carers were offered flu jabs and health checks.</li> <li>• Information for carers was available on the practice website.</li> </ul>
How the practice supported recently bereaved patients.	The GP sent a letter to bereaved patients offering support and signposting patients to counselling services.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Glass screens at reception desk helped minimise conversations being overheard. There was also a television screen and magazines to detract from conversations at the reception desk.</p> <p>In response to patient feedback some telephones had been moved from reception and away from</p>	

patient areas.

## 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
Explanation of any answers and additional evidence: Longer and flexible appointments were available for patients who required them.  Patients with long term conditions also told us that they were able to receive good continuity of care from the same clinicians.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	From 8am to 1pm and 2pm to 6.30pm Triage doctor 8am to 1pm and 3.30pm to 5.30pm In-house extended hours 6.30pm to 7.30pm
Tuesday	From 8am to 1pm and 2pm to 6.30pm Triage doctor 8am to 1pm and 3.30pm to 5.30pm In-house extended hours 6.30pm to 7.30pm
Wednesday	From 8am to 1pm and 2pm to 6.30pm Triage doctor 8am to 1pm and 3.30pm to 5.30pm In-house extended hours 6.30pm to 7.30pm
Thursday	From 8am to 1pm and 2pm to 6.30pm Triage doctor 8am to 1pm and 3.30pm to 5.30pm



Friday	From 8am to 1pm and 2pm to 6.30pm Triage doctor 8am to 1pm and 3.30pm to 5.30pm
	As part of the extended access hub arrangements, patients could also access appointments at The Royal Orthopaedic Hospital, Northfield between 6.30pm to 8pm Monday to Friday and 9am to 1pm on a Saturday and Sunday.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8751	278	101	36.3%	1.15%

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)	96.1%	94.4%	94.8%	No statistical variation

### Any additional evidence or comments

## Older people

## Population group rating: Good

### Findings

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Flu vaccinations were administered during home visits where patients were unable to attend the practice due to their health needs.
- There was a medicines delivery service for housebound patients arranged through their designated pharmacy.
- Patients at risk of isolation could be referred to the social prescribing seen to help find appropriate support and activities to maintain a person's wellbeing.
- The practice worked with community matrons and made use of the rapid response team to help support patients when in need and minimise the risk of hospital admissions.
- Reasonable adaptations had been made to enable patients with mobility difficulties to access the services.

## People with long-term conditions

## Population group rating: Good

### Findings

- The practice offered longer appointments where needed to carry out reviews of patients with long term conditions.
- Where possible the practice aimed to provide patients with the same GP to support continuity of care in the management of long-term conditions.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had recently taken on a new partner, enabling them to provide in-house insulin initiation.
- The practice provided in-house anticoagulation and phlebotomy services for the convenience of patients.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Nurse appointments were available until 6.30pm so school age children did not need to miss school.
- 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 or failed to attend for hospital appointments.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice provided antenatal clinics with the midwife, postnatal reviews and eight-week baby checks.
- The practice offered baby changing facilities and breast-feeding friendly service.

## **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 extended access appointments inhouse as well as through the extended access hub at evenings and weekends at another location.
- Patients could access telephone consultations with the duty doctor. In addition, the practice told us that they were due to participate in a pilot scheme for video consultations later in the year.
- The practice provided a contraceptive and sexual health clinic with flexible access around school and work times. The practice also had a GP with a special interest in the menopause.
- Appointments and repeat prescription ordering could be made online.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, complex needs and carers.
- 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. Including longer appointments and health checks.
- The practice had signed up to a three-year programme to achieve the RCGP Marie Curie Daffodil standard to improve care to those reaching end of life and their families.
- Substance misuse services were offered inhouse in conjunction with a specialist drug worker.

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

**Population group rating: Good**

**Findings**

- Patients experiencing poor mental health were able to access a doctor through the duty doctor service to ensure their needs were discussed and addressed.
- 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. For example, local counselling services, social prescribing schemes and Samaritans support.
- Longer appointments were available for those with complex needs.

## 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 offered a triage service with the duty doctor, this enabled the patients to speak with a doctor on the day even when there were few appointments. Reception staff knew to refer patients to the duty doctor where they had concerns.	

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)	94.3%	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)	77.6%	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)	74.8%	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)	81.8%	69.8%	74.4%	No statistical variation

### Any additional evidence or comments

Patients responded positively to questions relating to patient access in the National GP patient survey. Results were consistently above CCG and national averages. The practice told us that the triage system had helped them to manage appointments. They had also moved some telephone handling away from the reception desk to enable receptionists to focus on patients coming into the surgery and so calls could be taken without distraction.

Source	Feedback
NHS Choices	No concerns were raised on the NHS Choices website relating to access.
PPG / Patient feedback	Patients told us that they did not have any difficulties obtaining appointments and that there was a good continuity of care in relation to the management of long term conditions with the same clinician.
CQC Comment Cards	There were three out of the 23 comment cards received that referred specifically to access. These related to difficulties getting an appointment or appointments that were convenient to them.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2

	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: From the complaints we reviewed we saw that they had been responded to in a timely manner however, we found complaints were not easy to follow. The practice did not maintain an effective system to track complaints to ensure the complaints process was being effectively followed in line with policy. Following the inspection, the practice told us that they had strengthened the complaints process.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Reception staff attitude	Recruitment of a Reception Manager to oversee and manage the reception.



## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had joined Our Health Partnership (OHP), a provider at scale in 2017 to help achieve future sustainability and resilience in the provision of primary medical services. OHP partnership model is one of local autonomy where individual practices and the GP partners work to identify their own local priorities and run the practices the way they see fit to meet their own local population needs with the support from a larger organisation.</p> <p>The practice told us about some of the local challenges they had recently faced and how they had overcome this. For example, over the last year three partners had left the practice and they had successfully recruited three new GP partners. They were optimistic that this would help bring in new ideas and innovation into the practice as well as ensuring patient needs continued to be met. The practice had also recruited a new Reception Manager to support the smooth running of reception and had made changes to improve access and patient satisfaction with the service.</p> <p>The practice provided dedicated management time to one of the senior partners for the running of the practice.</p>	

### 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:

- There was a collective vision among OHP member practices 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.’*
- The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.
- The practice also had clear objectives about what it wanted to deliver over the next 12 months. This included training staff to meet the needs of patients for example, to manage respiratory conditions. The continued development of the contraceptive and sexual health clinics and improving dementia and end of life care. Progress against practice objectives was through an established audit programme.

## 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> <ul style="list-style-type: none"> <li>As a member of OHP there was an expectation that practices shared the same goals to deliver high quality sustainable care. At this practice we saw that staff were passionate about the care they provided and the desire to provide a high quality patient centred care. Feedback from patients supported this ethos.</li> <li>Staff we spoke with were also positive about the service and how they were supported and felt able to raise concerns if they needed to. There was a whistle blowing policy in place and staff could raise concerns directly with the provider organisation if they did not feel able to raise them directly with the practice.</li> <li>At provider level there was a strong emphasis on the safety and well-being of staff. One of the providers key objectives was to focus on a sustainable workforce and create better work life balance. This was being delivered through the development of staff retention schemes and sharing some of the administrative burden on practices.</li> </ul>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>Staff we interviewed spoke about how they had been supported through illness and adjustments made to support them in their return to work.</li> <li>Staff reported that they worked well as a team and that managers and GPs were approachable.</li> <li>Clinical staff were allocated administrative time to undertake non-patient direct duties.</li> </ul>

## 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:	
<ul style="list-style-type: none"><li>• As a member of OHP there were two tiers of governance.</li><li>• The practice retained local responsibility and accountability for the services they provided. Clinicians had lead areas for which they took responsibility and staff were clear about their roles and responsibilities.</li><li>• There was also a centralised governance function. The OHP central team monitored quality across the whole organisation and provided the board with assurance that standards at practice level were being maintained. Where needed the central team provide a supportive role to the practices.</li><li>• The practice held regular meetings across the staff groups to share information and discuss any learning from incidents or concerns raised.</li></ul>	

## Managing risks, issues and performance

**There were processes for managing risks, issues and performance. However, the management of local risks was not consistently well embedded.**

	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.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Performance and risk were managed at practice level however, the central OHP team maintained an oversight of this. The practices were expected to provide assurance that quality standards were being met and quality and risk was managed through the submission of core quality markers to the central team. These were monitored along with complaints, significant events and safety alerts through the centralised governance management processes.</p> <p>At practice level we saw that performance and learning was a significant part of practice meetings. We saw evidence of learning from incidents. Nationally available data showed the practice performance in relation to patient outcomes to be in line with local and national averages and the national patient survey demonstrated patient satisfaction with the service that was above local and national averages.</p> <p>We found effective management of patient care, there was a programme of audits to review quality of care and deliver improvements.</p> <p>However, the management of risks in relation to the service in general was not well embedded. Risks assessments seen were brief and did not fully consider all issues and mitigating action. Frequency of review was not always evident. Following the inspection, the practice sent us further risks assessments that they had since undertaken in response to our findings. For example, in relation to emergency medicines that were not stocked. They had also arranged for an external fire risk assessment to be undertaken.</p>	

## 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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice used templates to support a consistent approach to the management of patients with long term conditions.</li> <li>• The practice made use of performance information available and audits to support improvements. For example, in relation to prescribing.</li> <li>• Minutes of meetings were well documented to ensure record of issues discussed were available for reference. These were made accessible to all staff.</li> <li>• GP Team Net (clinical and governance system) was available to all OHP member practices and provided the main forum for sharing management information. This enabled both the practice and central team to manage and monitor information such as those relating to incidents, complaints, safety alerts and staffing.</li> <li>• The central OHP team provided support to practices in relation to statutory notifications to CQC.</li> <li>• However, we identified some issues in relation to the quality of risk assessments and the provision of failsafe systems for cervical screening samples which following the inspection the practice had sought to address with the introduction of a new policy.</li> </ul>	

## 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: <ul style="list-style-type: none"><li>• The practice had an active patient participation group that met quarterly, meetings were attended by one of the GPs and the practice manager. Members of the PPG had been involved in testing out new systems for sharing patient information. The PPG had attended flu clinics and chatted to patients about the practice. Comments received were shared with the practice and in the waiting area.</li><li>• There was a dedicated notice board in the waiting area for the PPG and a patient newsletter which had been developed by the PPG in conjunction with the practice.</li><li>• The practice had a suggestion box for patients to provide feedback. They also participated in the Friends and Family Test in which patients were asked whether they would recommend the practice to others.</li><li>• The practice worked with other practices in the locality and with the CCG to deliver local priorities to meet the needs of the population.</li><li>• Staff were able to feedback through the various staff group meetings and through the appraisal process.</li><li>• As part of a wider organisation, OHP held annual partners' meetings which provided a forum for the GP partners to feedback at provider level on the leadership of the organisation. OHP had also set up a salaried GP community and planned to introduce a similar network for nursing staff working across the organisation.</li><li>• The centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice for GPs in strategic planning within the health and social care economy and for exploring areas for collaborative working.</li></ul>	

### Feedback from Patient Participation Group.

#### Feedback

We spoke to three members of the practice's patient participation group. All were very positive about the practice and the service provided. They told us that there was a good relationship through the PPG and felt issues that they raised were responded to.

#### Any additional evidence

Actions undertaken by the practice in response to patient and PPG feedback included:

- Removal of inappropriate advertising in the practice.

- Clearing posters from the reception desk glass screens.
- Improvements in the reception area such as moving some telephones away from reception.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>There was a strong culture for learning and improvement within the practice. Staff were able to give examples of learning from incidents even where there had been positive outcomes to see if there could be further improvements made. Patients with complex needs were discussed as part of the partners' meetings and with community health professionals to review and discuss patient care.</p> <p>The practice undertook a programme of clinical audit to identify areas for improvement.</p> <p>Being part of OHP provider organisation the practice was also able to:</p> <ul style="list-style-type: none"> <li>• Collectively bid and benefit from new contracts for example, extended access, anticoagulation and social prescribing services.</li> <li>• Share and learn from each other for example, the system for recording and monitoring incidents and complaints management was adopted from another practice within OHP.</li> <li>• Benefit from workforce developments including an internal staff bank.</li> <li>• Explore digital access through the provider's participation in a pilot scheme. The practice planned to take part in an online video consultation pilot in Autumn 2019.</li> </ul>	

## Examples of continuous learning and improvement

The practice had signed up to the RCGP Marie Curie Standards. A three-year programme to deliver best practice in end of life care.

The practice had developed links with the Samaritans for easy referral and support for patients where appropriate.

Training of staff where gaps in service provision were identified for example in relation to the management of respiratory conditions.



## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.