

Care Quality Commission

Inspection Evidence Table

The Hill GP Practice (1-4123679457)

Inspection date: **30 April 2019**

Date of data download: 24 April 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	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).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The practice was in the process of transitioning to GPTeamNet (a web-based sharing and compliance platform for GP practices and practice groups). Hard copies of policies were available and those we sampled had been reviewed.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	<p>Y</p>
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	<p>Y</p>
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	<p>Y</p>
<p>Staff had any necessary medical indemnity insurance.</p>	<p>Y</p>
<p>Explanation of any answers and additional evidence:</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: October 2018	Y
There was a record of equipment calibration. Date of last calibration: January 2019	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: May 2018	Y
There was a log of fire drills. Date of last drill: July 2018	Y
There was a record of fire alarm checks. Date of last check: April 2019 (weekly)	Y
There was a record of fire training for staff. Date of last training: April 2019 (Various)	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2018	Y
Actions from fire risk assessment were identified and completed.	N/A (none identified)
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	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: September 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	N/A
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
The practice scored 100% in their internal infection prevention and control audit and therefore no issues were identified.	

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:	

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)	0.66	0.87	0.91	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	7.9%	7.7%	8.7%	No statistical variation
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)	4.22	5.15	5.60	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.66	1.86	2.13	No statistical variation

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The service worked with CCG clinical pharmacists to improve prescribing which is reflected in the positive variation above particularly regarding antibiotics. The service also contracted an external IT consultant to interrogate their performance and out in place action plans to make improvements.</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:	24
Number of events that required action:	24
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Referral made incorrectly	<p>A patient called and informed that practice that they had not received an appointment following their antenatal referral. Upon investigation it was identified that the referral was processed through the incorrect pathway.</p> <p>The referral process was discussed in the weekly team meeting to ensure all team members were aware of the correct pathway for antenatal referrals and to prevent re-occurrence. it was reinforced to staff to seek advice if they were not clear on any administrative procedures including referrals</p>
Report filed in the wrong patient record	<p>A patient's record was scanned and attached to another patients record. This was identified and corrected, and all staff were reminded in team meetings to check all three identifiers when scanning letters into the patient record.</p> <p>Administration staff were asked to carry out scanning as a block of work so that they could concentrate on what they were doing and not be distracted by other tasks.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of audits/ searches carried out on the patient record system following receipt of safety alerts. The service had carried out searches (on the patient record system) and audits following receipt of relevant alerts.</p>	

Effective

Rating: N/A

We were unable to rate effective as there were some data missing. This included exception reporting as well as childhood immunisation data; some of the cancer screening data did not fully reflect the current provider.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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) (NHSBSA)	0.37	0.78	0.79	Tending towards variation (positive)

Older people

Population group rating: N/A

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. Patients who were housebound were offered health checks at home



People with long-term conditions

Population group rating: N/A

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.
- The Practice signed up to the long-term conditions local enhanced service for those with asthma, Chronic Obstructive Pulmonary Disease (COPD), Cardiovascular disease (CVD), and Chronic kidney disease (CKD).
- The practice is signed up to the enhanced service for early detection and management of patients with diabetes. Referrals were made to the community diabetes clinic for newly diagnosed diabetics. The clinic provided structured educational advice and lifestyle counselling for those with prediabetes.
- The practice provided an in-house service for diabetes patients to be reviewed by specialist diabetes consultant and nurse.
- 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.
- Atrial fibrillation patients were assessed appropriately, risk scored and offered appropriate care where necessary.
- For diabetes and hypertensive patients, ECG screening and blood tests were carried out annually to identify cardiac risk.
- Polypharmacy clinics were held at the practice with medication reviews for those patients on 10 or more medications.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.5%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.7%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	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>	80.6%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	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>	80.8%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	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>	92.9%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.1%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A

Any additional evidence or comments

We did not have access to published and verified exception reporting data (2017/18) for the above indicators and the practice was not able to provide evidence of exception reporting for the above indicators.

Families, children and young people

Population group rating: N/A

Findings

- Post-natal checks, 8-week baby checks and childhood immunisations were carried out by the practice.
- The practice signed up to the GP quality immunisation scheme to encourage children to be immunised and follow up children who did not attend child immunisation appointments.
- We did not have data for the uptake of childhood immunisation for the practice. However, data supplied by the practice demonstrated they were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements 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.

Any additional evidence or comments

The practice registered in August 2017 and we did not have available published and verified data on childhood immunisations. We asked the practice to contact the Child Health Information Services (CHIS) for relevant data. The function of CHIS is to provide a comprehensive local record of a child's public health (screening, immunisation and other health protection or health improvement interventions including the Healthy Child programme 0-5). The practice shared with us the data supplied to them by CHIS which was in quarters. We have reported on the latest quarter below. The data therefore represents the period between 01/01/2019 to 31/03/2019 rather than one whole year as is normally reported. Therefore, this was not comparable or verifiable data.

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) was 89%. This was in line with WHO target.

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) was 87.5%.

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) was 87.5%.

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) was 87.5%.

Working age people (including those recently retired and students)

Population group rating: N/A

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.
- Patients had access to a virtual centre with telephone advice from GP or pharmacist available seven days a week.

Any additional evidence or comments

The practice registered with the CQC in August 2017 and we did not have available published and verified

data for cancer screening. The practice provided us with Public Health England (PHE) fingertips data. However, this data was for the period between April 2017 and March 2018 and did not fully reflect the providers uptake as they had taken over the service in August 2017. The data showed:

Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) was 46% compared to the CCG average of 68% and the national average of 72%.

Similarly, for persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage) the practice average was 27% compared to the CCG average of 50% and the national average of 57%.

The practice had developed an action plan to improve screening uptake which included running awareness campaign on the patient information screen. To code all patients that failed to attend their breast and code screening appointment and to follow this up with a phone call. We saw that the action plan was being monitored; uptake rates and the action plan were being discussed in team meetings.

The practice had carried out audits on its cervical cytology uptake rates. Findings of the yearly audits showed that the practice had increased its uptake between August 2017 to April 2018 by 10%; and from April 2018 to April 2019 there was an increase in uptake by 8.5%. In addition, the practice participated in the cervical cancer awareness week in January 2019 with leaflets and posters displayed in the reception area.

The practice also shared with us their QOF achievement for 2018/19 which showed that they had achieved maximum points which included maximum points for cancer screening. However, this was unverified data.

People whose circumstances make them vulnerable

Population group rating: N/A

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 and those with a learning disability. The practice has a lead GP for patients with learning disabilities. These patients received annual invitations for health checks.
- 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: N/A

Findings

- The practice assessed and monitored the physical health of people experiencing poor mental health 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.
- Patients on the mental health register and those with dementia are provided with care plans and an annual health check.
- 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.
- Patients experiencing poor mental health and patients with dementia were informed on how to access services including talking therapies, counselling services and various support groups and voluntary organisations.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	93.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.6%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.0%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A

Any additional evidence or comments

We did not have access to published and verified exception reporting data (2017/18) for the above indicators and the practice was not able to provide evidence of exception reporting for the above indicators.

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.

	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

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- The practice contracted an external IT specialist to interrogate its clinical system to identify areas of underperformance. For example, reviews of patient registers such as for cancer, Chronic Kidney Disease (CKD) and obesity was carried out to ensure it was proportional to the list size (i.e. patients with relevant conditions were being included in respective lists) and to ensure patients were receiving appropriate care according to guidelines.
- As a result, the practice had carried out a number of audits and searches. For example, the practice had increased its CKD register by 78% from 2018 to 2019. This enabled the practice to ensure these patients were able to receive appropriate care and to monitor their outcomes.
- The practice had carried out an audit on the uptake of cervical smears which demonstrated improvement.
- There were a number of medicine audits which showed quality improvement where relevant. For example, one audit on a blood thinning medicine identified eight patients who were on the appropriate dose of the medicine. However, one patient was not being adequately monitored. A re-audit demonstrated that all patients were being adequately monitored.

Any additional evidence or comments

We did not have published and verified overall QOF achievement for the practice from April 2017 to March 2018. However, overall QOF achievement between April 2018 March 2019 supplied by the practice showed the practice had achieved 556/559 (99%) QOF points. However, this was unverified and unpublished data.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice supported a reception staff to train as a healthcare assistant. The staff member was able to attend another nearby practice operated by the same partners to gain experience of phlebotomy (blood taking) under supervision of a phlebotomist.</p> <p>A senior practice nurse from the other practice attended the surgery to supervise and support a new nurse as part of the induction process.</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	Y

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	

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) <small>(QOF)</small>	96.8%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	()	0.0%	0.0%	N/A

Any additional evidence or comments

We did not have access to published and verified exception reporting data (2017/18) for the above indicators and the practice was not able to provide evidence of exception reporting for the above indicators.

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

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 service understood patient cultural needs and offered a prayer room.	

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	24
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	Patients said that the service has improved significantly since the new provider had taken over in August 2017. Patients were positive about the staff and GPs and said they were caring and listened to them and responded to their needs.
Staff	Staff members who previously worked at the practice were positive about their experience of working at the practice with the new provider. They stated that there had been positive changes to ensure a quality service to patients. They told us they enjoyed working at the practice as the service and their role was more structured.

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.

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

Any additional evidence
<p>The practice was not included in the national patient survey and the surveyors (Ipsos Mori) were contacted by the practice seeking an explanation. Ipsos Mori explained the most recently published data was drawn in October 2017 and NHS digital did not include any patients from the practice as they were not eligible to take part. Patients need to have been registered for at least six months, but the practice no longer operated as a walk in and the current provider had taken over in August 2017.</p> <p>However, the practice had commissioned its own independent survey, General Practice Assessment Questionnaire (GPAQ) where 198 responses were received.</p> <p>Survey findings showed:</p> <ul style="list-style-type: none"> • 92% of respondents said that the GP and nurse was good or very good at putting them at ease. • 90% of respondents said that the GP good or very good at being polite and considerate. • 85% of respondents said that the GP (92% for nurse) good or very good at listening to them. • 86% of respondents said that the GP (96% for nurse) good or very good at giving them enough time • 86% of respondents said that the GP (87% for nurse) good or very good at explaining their condition and treatment. <p>The above survey was not comparable to the national patient survey results.</p>

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	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
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Interviews with patients.	We spoke with two patients including a member of the Patient Participation Group (PPG) and we received positive feedback. They told us that staff were caring and met their needs.
Comments cards	All the comments cards we received were very positive about reception and clinical staff. Patients stated that staff were caring, the GPs treated them with dignity, listened to them and spoke with them politely.

National GP Survey results

Any additional evidence or comments

The practice was not included in the national patient survey and the surveyors (Ipsos Mori) were contacted by the practice seeking an explanation. Ipsos Mori explained the most recently published data was drawn in October 2017 and NHS digital did not include any patients from the practice as they were not eligible to take part. Patients need to have been registered for at least six months, but the practice no longer operated as a walk in and the current provider had taken over in August 2017.

However, the practice had commissioned its own independent survey, General Practice Assessment Questionnaire (GPAQ) where 198 responses were received.

Survey findings showed:

- 84% of respondents said that the GP (87% for nurse) was good or very good at involving them in decisions about their care.

The above survey was not comparable to the national patient survey results.

	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 41 carers (0.8% of the list size).
How the practice supported carers.	<p>The practice offered flu vaccinations and health checks to carers. The practice had carried out an audit on flu vaccination for carers which showed 61% (28) had been offered a flu vaccination in the past year and 43% (12) had declined.</p> <p>The audit also acknowledged that further carers could be identified and had developed an action plan to achieve this. The practice also planned to ensure more carers took up the offer for vaccinations and planned to carry out a further audit to monitor progress.</p>
How the practice supported recently bereaved patients.	There was a lead in the practice who emailed all staff to ensure they were aware of any deceased patients. The staff member also sent out sympathy cards to relatives with contact details of other relevant organisations for advice and support.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

There were arrangements to ensure confidentiality at the reception desk.	Y
<p data-bbox="115 212 824 254">Explanation of any answers and additional evidence:</p> <p data-bbox="115 317 1479 457">When the provider took over the practice they had identified areas where staff could help to improve patients overall experience of the service and had implemented an action plan to ensure staff treated patients with dignity and respect. On the day we found evidence that significant improvements had been achieved and this was ongoing.</p>	

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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Appointments available:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 8pm
Thursday	8am – 8pm
Friday	8am – 8pm
Saturday	8am – 1pm
Sunday	8am – 1pm
<p>The practice offered extended opening from 6.30pm to 8pm Monday to Friday through hub practice arrangements if there were no appointments available at the practice. We were told that the practice generally had the capacity to meet patients' needs and did not need to use the hub.</p> <p>Saturday and Sunday appointments were available through hub arrangements from 10am to 4pm.</p>	

National GP Survey results

Any additional evidence or comments

The practice was not included in the national patient survey and the surveyors (Ipsos Mori) were contacted by the surgery seeking an explanation. Ipsos Mori explained that the most recently published data was drawn in October 2017 and NHS digital did not include any patients from the practice as they were not eligible to take part. Patients need to have been registered for at least six months, but the practice no longer operated as a walk-in clinic and the current provider had taken over in August 2017.

However, the practice had commissioned its own independent survey, General Practice Assessment Questionnaire (GPAQ) where 198 responses were received.

Survey findings showed:

- 95 % of respondents stated that the practice was open at convenient times.

However, above survey was not comparable to the national patient survey results.

The practice had carried out a capacity and demand analysis in April 2019 which showed the practice offered 457 appointments per week with a GP and 298 appointments with a nurse. The analysis identified that the Royal College of General Practitioners (RCGP) recommendations are 315 appointments per week (70 appointments per 1000 patients) and the practice was offering more than that was suggested by the RCGP.

The audit further identified that of the 457 GP appointments offered, 356 were booked. This represented an 80% utilisation rate. The uptake rate was higher when combined with the nurse appointment uptake.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived. All patients aged 75 and over had alerts added to their medical record to ensure reception staff were aware to and could prioritise appointments.
- 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.
- The practice signposted elderly patients experiencing social isolation to a local charity (Springfield project).
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Prescriptions could be sent electronically (EPS) directly to the chemist of the patient choice so that the patient can either collect their medications at a local pharmacy or have their medications delivered to them directly.

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.
- The practice is accredited for ECG interpretation and is accredited by the CCG to record and interpret ECGs for its patients.
- The practice was part of a federation and had access to speciality respiratory clinics, with specialist respiratory nurses attending the surgery to review our poorly controlled Asthma and COPD patients on an annual basis.
- The practice was part of the ARRISA research program to help improve care for asthmatics in the practice.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 8pm Monday to Friday for school age children so that they did not need to miss school. Weekend appointments were also available at the practice from 8am to 1pm.
- 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.
- The premises were purpose built and suitable for this population group including baby changing facilities as well as dedicated space for prams.

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 was open until 8pm Monday to Friday. Weekend appointments were also available. Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 4pm.
- The practice had increased availability of appointments for female GP following patient feedback.
- Patients had access to on-line (as well as through an electronic application) booking and cancelling of appointments, repeat prescription requests and viewing of their medical records.
- Text message services were available to remind patients of appointments, for cancelling of appointments and for health campaigns.
- Patients had access to virtual clinics with telephone advice from GP or pharmacist available seven days a week.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including the homeless and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The service worked with Birmingham Healthy Minds which offered Improving Access to Psychological Therapies (IAPT) services for patients who were suffering from mental health issues, with a drop-in service available on the premises on a weekly basis.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients experiencing poor mental health and patients with dementia were informed on how to access services including talking therapies, counselling services and various support groups and voluntary organisations.

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:	

Any additional evidence or comments

The practice was not included in the national patient survey and the surveyors (Ipsos Mori) were contacted by the surgery seeking an explanation. Ipsos Mori explained that the most recently published data was drawn in October 2017 and NHS digital did not include any patients from the practice as they were not eligible to take part. Patients need to have been registered for at least six months, but the practice no longer operated as a walk-in clinic and the current provider had taken over in August 2017.

However, the practice had commissioned its own independent survey, General Practice Assessment Questionnaire (GPAQ) where 198 responses were received.

The survey was not comparable to the national patient survey results and showed:

- 80% of patients found it easy is it to get through to the practice on the phone
- 83% rated the practice as good, very good or excellent when they tried to see their preferred GP.
- 94.9 % of patients say the practice is open at convenient times
- 18% of respondents said the waiting time was less than 5 minutes and 57% of respondents said the waiting time was 6 to 10 minutes.

The practice had developed a set of action plans to improve when it had taken over the service in August 2017. One of the areas was to increase appointments for GPs, nurses or healthcare assistants. Findings from the capacity and demand analysis demonstrated that adequate appointments were being offered. Feedback received from patients also confirmed that patients were able to get an appointment when needed.

Source	Feedback
NHS Choices	Generally, patients were positive about the service. Patients said they were able to get appointments when they needed, and staff were friendly. One patient stated that they were unable to get through on the telephone to get an appointment and the practice responded and explained that they were having issues with their telephone system but were working to resolve it.
Patients	We spoke with two patients following the inspection over the telephone including a member of the patient participation group. Patients told us that they were able to get an appointment much more easily since the new provider had taken over.
Comment cards	We received 24 CQC comment cards from patients. All the comment cards were positive about the service and staff. One comment card stated that they were happy with the service since the new provider had taken over. Others commented that staff including GPs spoke with them politely with understanding and were helpful.

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.	16 (including NHS choices)
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.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Although minutes of meetings demonstrated that complaints were discussed and resolved there was no formal documented action and learning that were identified and implemented.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding locum GP	A patient complained that a locum doctor was unprofessional rude and did not have empathy. Records we looked at indicated that this was resolved.
Unregistered Patient demands to be seen immediately	An unregistered person came into the practice and asked to be seen by a GP. Receptionist advised that the practice was no longer a walk-in centre and needed to register first. The Patient became abusive both to reception and to security staff.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders demonstrated that they had the capacity, capability and experience to lead effectively. They were able to demonstrate they had a thorough understanding of the challenges that impacted on the delivery of good quality care and had developed action plans to address them. One of the priorities for the provider was to ensure cooperative and supportive relationships between all staff and to prevent staff working in isolation. Feedback from staff reflected positive changes and patients also commented a positive change in staff attitude. Staff members we spoke with told us they felt supported, respected and valued. The provider supported staff wellbeing, for example we were told that a staff member was able to work flexibly due to personal issues.	

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 service had a clear vision and a set of values, with quality as the top priority. For example, some of the core values of the service was to put patients at the heart of everything and provide the highest standard of care and treatment. Staff members we spoke with were aware of the values and reviewed these during team away days.	

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
Explanation of any answers and additional evidence:	
<p>We were told that the practice worked hard to change the culture of the practice and engaged with those staff members since they had taken over. Previously, the practice was a walk in and GP service and the provider told us they engaged with patients to ensure realistic expectations.</p> <p>It was evident on the day that the practice staff had worked hard to improve service. Feedback from staff (who worked for the previous provider) and patients was positive. Both staff and patients commented on the positive culture of changes within the practice since the new provider had taken over. For example, to improve communication and working the practice had away days for Christmas and was planning another for Eid at the end of Ramadan (a religious holiday celebrated by Muslims). The practice had also introduced employee of the month to recognise the hard work and effort of staff members.</p>	

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

Source	Feedback
Staff	Staff members who had worked at the practice before the new provider had taken over were positive about their experience of working at the practice since the takeover. They stated that there had been a positive change to service to deliver a quality service to patients. They enjoyed working at the practice as the service was much more structured.

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>There an effective governance framework to support the delivery of the strategy and good quality care. Staff were clear about their roles and there were lists of lead roles in the practice such as safeguarding, information governance, infection control, medicines management, cancer screening as well as various QOF leads.</p> <p>The practice was able to demonstrate a comprehensive understanding of performance and had developed action plans to improve areas of underperformance. The practice was able to demonstrate improvements achieved in many of the areas it had identified.</p> <p>The service was able to demonstrate robust arrangements for identifying, recording and managing risks, issues and mitigating actions. For example, the practice had identified several areas where improvements were required when it had taken over the practice. These represented risks to the practice and patients.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider was able to demonstrate areas of underperformance within the practice and had taken action to make improvements. The practice contracted an external IT specialist to interrogate its clinical system to find areas of underperformance. For example, reviewing its patient register such as cancer, Chronic Kidney Disease (CKD) and obesity to ensure it was proportional to the list size (patients with relevant conditions were included in respective lists), patients were receiving appropriate care according to guidelines and to monitor patient outcomes.</p> <p>The practice monitored feedback on NHS choices website to improve services. The practice was able to demonstrate an improvement to its rating since it had taken over the practice in August 2017.</p> <p>The provider was aware that improvements were required when it had taken over and identified several priority areas which included:</p> <ul style="list-style-type: none"> • Not enough appointments for GPs, nurses or healthcare assistants. • Referral forms not being completed in a timely manner, being lost or being sent to the wrong department. • Telephone calls not being answered timely. • Lack of continuity of care with many different doctors and no real accountability or responsibility. • Inefficient process for repeat prescriptions. • Long waiting times for treatment from secondary care. • Test results not being reviewed and communicated to patients in a timely manner. • Staff attitude dismissive of patients. • Ineffective communication within the practice. <p>The practice developed actions plans for each of the priority areas, so improvements could be achieved. Evidence we looked at demonstrated that significant improvements had been achieved in most areas. For example, access to appointments had been improved and the practice inhouse survey reflected this. Our findings on the day along with feedback from patients and staff demonstrated that the practice had significantly improved in the above area since the new provider had taken over.</p>	

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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 service was able to demonstrate how they interrogated the clinical system with the help of an external specialist to review its performance data to make improvements.	

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:	
There was a Patient Participation Group which held meetings regularly. The service also gathered views and experiences of patients and acted to shape and improve the services where relevant. For example, the service monitored the NHS choices website and discussed issues along with complaints during staff meetings. The service used part of the Prescription Ordering Direct (POD) service operated by the CCG and feedback was used to improve the service. POD is a convenient way for requesting repeat medication and ensures that patients are only prescribed the correct and appropriate amount of medicine required. It also will help to reduce unnecessary waste.	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the patient participation group who told us that the practice was keen to get their views and implement changes.

Continuous improvement and innovation

There were 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:	

Examples of continuous learning and improvement

<ul style="list-style-type: none"> This was a training practice and had one trainee GP at the time of the inspection. In order to be an accredited training practice, the practice needs to demonstrate a culture of learning and development and clinicians who remained up to date with best practice.

- We were told that the service planned to launch the NHS MyHealthcare application to enable patients to access services across the whole health system. Patients could book and manage their GP appointments, access medical records securely, and manage their medication all online.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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