Care Quality Commission

Inspection Evidence Table

Grange Park Health Centre (1-6160321950)

Inspection date: 21st May 2019

Date of data download: 08 May 2019

Overall rating: Requires Improvement.

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

The current provider took over the practice in November 2018 Therefore, unless stated, data and results used throughout the report and evidence tables relate to the previous registered provider.

Safe Rating: Requires Improvement

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	No
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Policies and procedures had been developed that were accessible to staff via a shared drive. We noted that systems were in place to review policies periodically however some policies remained in need of revision. For example, the safeguarding vulnerable adults policy and the business continuity plan made reference to a branch site that was no longer linked to the practice. The electronic training record / matrix the practice showed us was not up-to-date and did not provide adequate assurance that the provider and clinical staff had completed all the necessary safeguarding training for their roles to correct level. Upon request, the practice manager forwarded us evidence following our inspection which confirmed the provider had completed safeguarding children training. We did not receive any evidence of safeguarding adults training. We received evidence which confirmed the Health Care Assistant / GP Assistant had completed level three training in safeguarding children and adults. The practice nurse told us that they had also completed safeguarding training to level three but this information was not recorded on the matrix. There was no record of safeguarding training completed by locum GPs.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
We asked to view records relating to the immunisation of healthcare staff. Not all records of clinical staff Hep B status were available on the day of inspection. We were sent information related to staff vaccination status following our inspection.	

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: 20/12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 4/05/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Partial
There was a record of fire extinguisher checks. Date of last check: 18/02/2019	Yes
There was a log of fire drills. Date of last drill: 25/01/2019	Yes

There was a record of fire alarm checks. Date of last check: 17/05/2019	Yes
There was a record of fire training for staff. Date of last training: 22/05/2018 to 31/01/2019	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10/01/2019	Yes
Actions from fire risk assessment were identified and completed.	N/A

There were no actions arising from the last fire risk assessment.

The last electrical safety certificate was dated 7/12/2017.

The last fire alarm preventative maintenance check was undertaken on 19/03/2019.

A fire procedure had been developed for the practice however this had not been updated to include the name of the fire marshal or deputy. The practice manager informed us that they were the designated fire marshal for the practice.

The last gas safety certificate was dated 13/03/2019.

A legionella risk assessment had been completed on 3/01/2019 and the last legionella water test was dated 7/01/2019. We noted that a water hygiene maintenance report had been completed on 31/01/2019 and the recommended actions had not been completed.

The electronic training record / matrix viewed indicated that the majority of staff employed at the practice had completed fire training during the period 22/05/2018 to 31/01/2019 with the exception of the provider and a receptionist.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 17/09/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 17/09/2018	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit: 21/01/2019	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes

The last infection prevention and control (IPC) audit undertaken on the 21/01/2019 included the details of IPC actions arising from the last audit in January 2018. It was not clear whether the issues identified

had been addressed as the information recorded was incomplete. Through discussion with the practice nurse we were able to ascertain that one of the actions relating to a damaged chair was still outstanding.

The training matrix / log highlighted that three out of five non-clinical staff and two out of three clinical staff had completed infection control training.

Risks to patients

There were gaps in 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.	No
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	No

Arrangements were in place to provide locum cover for the provider. Staff reported the lack of a secretary in the practice and reception staff covering secretarial duties. This resulted in a shortage of administration hours and no time for staff training.

The provider demonstrated a good awareness of sepsis and there was good implementation of the National Early Warning Score in consultations.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	No
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

We noted that there were 1,100 patient test results in a global in-box in the electronic patient record system dated between the period 1/07/2018 and the end of August 2018 - when the previous provider had been responsible for the practice. At the time of these results, a paper record system was in use as well as the electronic system. The provider told us they had reviewed and filed previously outstanding results for September and October 2018. We were not assured the outstanding results for July and August had been acted upon.

We raised this matter with the new provider who informed us that they had notified the Clinical Commissioning Group (CCG). The provider assured us systems would be put in place to ensure this situation did not happen in the future.

Appropriate and safe use of medicines

The practice generally 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)	1.03	0.98	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)	5.2%	6.1%	8.7%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.84	5.27	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)	6.14	2.67	2.13	Significant Variation (negative)

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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes

The pharmacist based at the practice told us they were employed by the local CCG who were responsible for reviewing their prescribing competency and providing clinical supervision.

The pharmacist was responsible for monitoring high risk medicines. All high-risk medicines were issued on a one-month supply and an alert was placed on the patient clinical record system for patients who required blood monitoring.

The provider demonstrated a good knowledge of the prescribing of controlled drugs. No audits had been completed to date due to the short period the provider had been responsible for the service.

The provider held an appropriate range of emergency medicines. No written risk assessments were in place to determine the range of emergency medicines held at the practice. A written record of vaccine dates and stock levels was not maintained however, the practice nurse performed visual checks, stocks were small and we saw all medicines were in date and stored appropriately.

The latest validated figures for the 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) indicated this was high. These figures were related to the previous provider. We spoke with the practice pharmacist who told us that they thought this was a result of prescribing being undertaken for medication that would normally be obtained over the counter. The practice pharmacist also told us the medication was being used to manage chronic pain and that there were higher levels of people living with this condition in the area.

The provider assured us that they would undertake a review of the prescribing of oral NSAIDs.

Track record on safety and lessons learned and improvements made

The practice did not have a robust system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	5
Number of events that required action:	5
There was a policy for the management of significant events however this was not being followed correctly. Not all significant events happening at the practice were summarised onto the ongoing log of events. There were only two incidents recorded on the log for the last 12 months and we saw evidence of five incidents occurring between 15/06/2018 and 21/01/2019. We reviewed the practice meeting minutes that had occurred in the last 12 months and noted significant events had not been routinely discussed with staff and discussions recorded as in the practice policy. Staff we spoke with confirmed this.	

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

Event	Specific action taken
A patient attended surgery for a cervical smear. This was sent off to the laboratory for processing. The laboratory contacted the practice to advise that an out-of-date vial had been used and that they were unable to process the specimen.	The practice reminded all clinical staff to check the vials used to hold the specimens for testing before they were used. A secondary check of this was also introduced.
A clinician prescribed a certain medicine for a child. The pharmacy rang the surgery to inform them that the responsible clinician had given an adult dose of the medication instead of a paediatric dose.	Clinical staff were reminded to take more care to ensure correct medication was selected when using a drop-down list.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	No
There was a comprehensive policy for recording and acting on safety alerts however, this was not being followed. The practice manager told us that they were responsible for receiving and forwarding safety alerts to relevant clinicians and staff via email. This was confirmed in discussion with various staff	

however a central log of safety alerts had not been maintained and there was no evidence that safety alerts had been shared or discussed in practice meetings as in the policy.

The systems and processes to disseminate and act on information from external sources which could affect patient safety were not robust. There was no evidence of clinical oversight and we could not be assured that alerts had been acted upon correctly.

An alert related to the medicine Sodium Valproate, and its use in pregnant patients, had not been fully actioned. We noted that one patient prescribed Valproate had not signed an annual risk acknowledgement form and there was no evidence of action taken.

Effective

Rating: Requires Improvement

Effective needs assessment, care and treatment

Care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	No
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The provider told us that they accessed an on-line educational tool to access information from NICE best practice guidelines. We noted that the provider had not always followed NICE guidance. For example, patients with hypertension (high blood pressure) were not offered ambulatory blood pressure monitoring and treatment for potential cardiovascular disease (CVD, a type of disease involving the heart or blood vessels) was not commenced in line with best practice guidance.	

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)	0.57	0.60	0.79	No statistical variation

Older people

Population group rating: Requires Improvement

Findings

We had concerns related to the overall effective care and treatment for this population group, however:

- 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 opportunistically.
- Patients over the age of 65 were offered the influenza vaccination.

People with long-term conditions

Population group rating: Requires Improvement

Findings

We had concerns related to the overall effective care and treatment for this population group, however:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training**.**
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients were identified via NHS health checks as being at risk of developing long-term conditions. However, there was no evidence of a proactive approach to how the practice identified patients with commonly undiagnosed conditions for example, diabetes, chronic obstructive pulmonary disease (COPD) atrial fibrillation and hypertension.
- Patients at risk of CVD were not offered preventative treatment appropriately.
- The practice did not have any ambulatory blood pressure monitors to diagnose hypertension.

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)	78.7%	84.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	0 (0)	17.8%	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)	93.5%	84.8%	77.7%	Variation (positive)
Exception rate (number of exceptions).	1.1% (1)	12.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	76.9%	85.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	3.2% (3)	20.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.8%	77.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (3)	13.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	91.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	12.8%	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)	85.1%	85.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.9%	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)	100.0%	89.2%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

We had concerns related to the overall effective care and treatment for this population group, however:

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice 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.
- All patients under 13 years of age were offered a same day appointment with a GP.

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)	9	9	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	23	24	95.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	24	24	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	24	24	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

We had concerns related to the overall effective care and treatment for this population group, however:

- The practice informed eligible patients opportunistically to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	59.3%	69.8%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	49.4%	62.2%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	43.1%	52.8%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	74.8%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	33.3%	47.7%	51.9%	No statistical variation

Any additional evidence or comments
We discussed the low uptake of cervical cancer screening with the provider. We were informed that the previous provider did not offer this service. The new provider and locum GP offered this service which was also available via extended access appointments.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

We had concerns related to the overall effective care and treatment for this population group, however:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings
We had concerns related to the overall effective care and treatment for this population group, however: • The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. • There was a system for following up patients who failed to attend for administration of long-term medication. • When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. • Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.3%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	29.4% (5)	19.6%	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)	87.5%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.9% (1)	17.0%	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)	100.0%	85.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	33.3% (1)	9.5%	6.6%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	519.6	522.7	537.5
Overall QOF exception reporting (all domains)	2.1%	8.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	No

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

Prior to our inspection we asked the practice to share with us any evidence that the quality of treatment and services had been monitored, actions taken and outcomes. We received two single cycle medicines audits for the period 2018/2019. One of the audits focussed on the prescribing of ‘gliptins’ (medication used to lower blood glucose levels in adults with type 2 diabetes). Patient medicines were reviewed and prescribing was changed where best practice indicated.

The practice planned to undertake a further audit in 12 months after the initial audit, to follow up any patients new to the practice and to report further results.

Any additional evidence or comments

The provider had limited evidence of quality improvement other than the above audits and that achieved through QOF, due to the length of time they had been responsible for the practice. There was no plan given to us for quality improvement work.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Partial
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	No
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

The practice provided online training for staff to access however electronic training records viewed were not up-to-date and an overall training matrix was not in place. It was therefore difficult to obtain a clear oversight of training completed by the practice staff and to assess the level and range of training completed. Non-clinical staff we spoke with told us that they were in the process of completing on-line training subject to available time, however this was difficult as they were often busy and there was no protected time given for training.

Evidence of staff safeguarding training was not comprehensive.

Examination of records and discussion with non-clinical staff confirmed they had received appraisals from the practice manager, however, the practice nurse had not received an appraisal. The practice nurse also informed us they had to arrange their own training around long term conditions and there was little protected time for training.

The Health Care Assistant / GP Assistant (HCA / GPA) told us although they had not been invited to attend any training since working at the practice, they were supported to access training opportunities at the University of Central Lancashire. The GPA also informed us that they had not received a formal performance review since commencing at the practice in November 2018.

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)	No
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
No multi-disciplinary palliative care meetings took place. At the time of our inspection there were only two patients on the palliative care register. Staff told us they would communicate with other health and social care services when needed to inform care and treatment.	

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.6%	96.2%	95.1%	No statistical variation

Exception rate (number of exceptions).	0 (0)	1.6%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	No
The provider had recently taken over responsibility for the practice and no audits had been undertaken to monitor that the process for seeking consent had been completed appropriately. However, clinicians we spoke with were aware of the consent process and demonstrated good knowledge of consent issues. There was a comprehensive practice consent policy in place.	

Caring Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
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
Comment cards	All six comment cards recorded positive feedback about the quality of care and treatment respondents had received at the practice from the GP, practice nurse and staff.
NHS Choices	There had been no reviews of the service since the new provider had taken over the practice in November 2018. There were two reviews of the service with similar information recorded between the 15th June 2018 and 03 July 2018 which indicated dissatisfaction with the previous provider.
Patient Feedback	We spoke with one patient at the time of the inspection and they provided positive feedback about the service they received. They told us they could get appointments when needed and that the service received was caring and responsive to their needs.

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
2296	381	97	25.5%	4.22%

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)	73.8%	88.3%	89.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	68.2%	86.6%	87.4%	Tending towards variation (negative)
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)	86.5%	95.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.0%	84.8%	83.8%	No statistical variation

Any additional evidence or comments
The provider was aware of the most recently published National GP Survey results, the results of which relate to a period of time prior to the current provider taking over the running of the service. We were informed that the practice manager and chairman of the Patient Participation Group had recently sent out a sample of 50 questionnaires to patients during April 2019 to obtain up-to-date feedback from patients and assess the direction the practice was taking. The questions focussed on a range of areas such as: the helpfulness of reception staff; whether patients had seen a healthcare professional of their choice; waiting times; satisfaction levels regarding the quality of care received; overall rating for the service and whether each respondent would recommend the practice to others. We noted that six questionnaires were returned. Overall the results were positive for all survey questions.

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

Any additional evidence
The practice manager told us that the service planned to introduce and circulate a more detailed patient survey towards the end of 2019, once the current provider had been responsible for the practice for a longer period of time.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Patient information on health, conditions and diseases was available on the practice website and in the practice's waiting room. Staff told us they would provide information and advice and signpost patients to support groups and advocacy services subject to individual need. The practice produced a newsletter periodically and information on how to access evening and weekend appointments was displayed in the reception area.	

Source	Feedback
Interviews with patients.	The patient we spoke with told us that clinicians listened to them, that they had sufficient time to engage with their GP, that clinicians explained their care and treatment options and were easy to talk to and professional.

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)	87.1%	92.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
The practice manager told us that the majority of patients were English speaking and that information leaflets would be prepared or obtained in other languages and easy read versions subject to individual need. The practice website highlighted the CAB (Citizens Advice Bureau) were on the premises once a week and were able to advise on matters such as benefits and housing issues. Information on local pharmacies, dentists and opticians was also accessible via the practice website.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 103 patients as carers, which represented 4.4% of the practice list size.
How the practice supported carers.	The practice maintained a register of carers and support was offered to carers opportunistically when the person they cared for was reviewed. Staff also routinely signposted carers to appropriate support services when required. For example, the Citizens Advice Bureau and the Blackpool Carers Centre. Free flu vaccinations were also offered to carers.
How the practice supported recently bereaved patients.	In the event the practice became aware that a patient had experienced a bereavement, the GP and practice staff would offer appropriate help and support. A patient we spoke with told us that they had received excellent support from staff at the Practice following a bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
The reception desk area was fitted with a sliding glass hatch which could be shut when required to ensure privacy and confidentiality.	

Responsive Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	08:30am to 6pm
Tuesday	08:30am to 6pm
Wednesday	08:30am to 3:30pm
Thursday	08:30am to 6pm
Friday	08:30am to 6pm
Appointments available:	
Monday	9am to 11am and 3pm to 5pm
Tuesday	9am to 11am and 3pm to 5pm
Wednesday	Walk-in clinic 08:30 am to 10:30 am & booked appointments 2:30 pm to 3:30 pm
Thursday	9am to 11am and 3pm to 5pm
Friday	9am to 11am and 3pm to 5pm
Extended hours opening:	
Weekdays	6:30pm to 8pm offered by the local extended access service at a central Blackpool location
Weekends	Some booked appointments offered by the local extended access service at a central Blackpool location

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2296	381	97	25.5%	4.22%

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)	91.8%	93.4%	94.8%	No statistical variation

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

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

Findings

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

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

Findings

- Nurse appointments were available from 08:30 am and until 5pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 6pm each weekday except on a Wednesday when it closed at 3:30pm. Pre-bookable and same-day routine appointments were available to all patients outside of normal surgery hours by attending extended access services provided at other local sites. Patients could also access a local walk-in centre.

People whose circumstances make them vulnerable

Population group rating: Good

Findings
• The practice held a register of patients living in vulnerable circumstances including people with a learning disability. • People in vulnerable circumstances were 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. • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. • The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Reception staff had access to a patient triage flowchart, a home visit triage protocol and information on how to recognise a medical emergency such as sepsis. Staff we spoke with were aware of patient symptoms that required immediate attention and confirmed they would escalate any significant concerns to the GP to pass on information.	

National GP Survey results

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)	96.1%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.3%	67.4%	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)	77.3%	66.8%	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)	84.4%	72.3%	74.4%	No statistical variation

Source	Feedback
Patient interviews and CQC patient comment cards	Patient feedback we received as part of the inspection process indicated patients were generally satisfied with how they could access services at the practice.
Patient surveys / Feedback	The practice distributed a sample of 50 surveys to patients during April 2019. Six surveys were returned. The results were positive overall and indicated respondents would recommend the practice to others and appointment waiting times were not excessive.

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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Prior to the inspection the practice manager sent us a brief summary of complaints that the practice had received in the last 12 months. This included the date of each complaint, the source, category, outcome and any lessons learnt. We noted that no complaints had been received since the new provider had taken over responsibility for the service in November 2018. Prior to that date, four complaints had been received for the period 21/05/2018 to 29/08/2018. Three of the complaints were from the same patient.

Information on how to complain was displayed in the reception area for patients to view. A complaints procedure leaflet was also available for patients to reference. This included details of how to raise a formal complaint with the practice, the complaints procedure and how to complain directly to NHS England and also the Parliamentary and Health Service Ombudsman in the event a patient remained dissatisfied with the response.

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient raised several complaints regarding their experience of the service.	An acknowledgement letter and a full response was sent to the patient from the relevant clinician including details of how to contact the Parliamentary and Health Service Ombudsman. Any lessons learnt in response to the complaint had been recorded. For example, clinical staff were reminded of the need to stop and think before answering questions from patients so that the correct information was provided.
Complaint from patient regarding the attitude of a clinician.	An acknowledgement letter and a full response was sent from the clinician including details of how to contact the Parliamentary and Health Service Ombudsman.

Well-led Rating: Requires Improvement

Leadership capacity and capability.

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

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

The provider told us that they intended to develop new services and establish a larger practice before retiring, as they were of the view a single-handed practice was not a viable option for the local community in the longer term. A documented succession plan had not been developed at the time of our inspection.

We noted that the provider had attended three sessions of NHS coaching for practice leadership and was involved in developing staff. For example, a Health Care Assistant based at the practice had been mentored and supported to train as one of the first GP Assistants.

Leaders had not effectively assessed and addressed the gaps in the service they inherited. For example, in relation to the management of 1,100 patient test results which remained in a global in-box in the electronic patient record system dated between the period 1/07/2018 and the end of August 2018.

Vision and strategy

The practice had a clear vision but it was not supported by a 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.	Partial
There was a realistic strategy to achieve their priorities.	No
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	No
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	No

The provider was able to articulate their vison and plans for developing the practice in the future to respond to the growing needs of the local practice population and the building of new housing stock in the area. We were not shown any documented business or strategic plan to support this vision or for staff to reference. The provider at the time of our inspection told us they were in the process of reviewing the funding structure of the practice with the CCG before making any further commitment to service development.

Staff we spoke with were not aware of any practice vision, values or mission statement, however the

provider's statement of purpose outlined the aims and objectives for the service.

Culture

The practice had created a culture which they hoped would drive high quality sustainable care.

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

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

Source	Feedback
Staff interviews	Overall, staff reported that the provider and practice manager were approachable and that they felt part of a team that worked well together and was generally well-supported.

Governance arrangements

The overall governance arrangements were not always effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

The practice lacked comprehensive systems and processes to ensure effective governance structures were established. Where systems were in place, they had not been reviewed to ensure they were operating effectively.

While we saw practice meetings were held and minuted, the minutes often lacked sufficient detail to appropriately record the content of discussions. There was also no evidence that key issues such as significant events, safety alerts, complaints and progress with learning and development had been routinely discussed and reviewed.

We reviewed a wide range of practice policies which were available on a shared area for all staff to view. Policies we viewed were generally well written, comprehensive and had been reviewed in a timely manner however some were in need of review and/or lacked practice-specific detail. Staff did not always follow practice policies and procedures such as those for reporting significant incidents and the

management of patient safety alerts.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
There was no comprehensive oversight by practice leaders with regards to potential risks and the mitigation of these risks. For example, we did not see evidence of a formal or structured approach to audit or to identified issues relating to the management and oversight of patient test results, significant events, safety alerts, actions as a result of infection prevention and control audits and the application of NICE guidance. Additionally, staff training and development systems and records were not up-to-date and there was a lack of oversight of staff immunisation status. One clinician told us that they had not received an appraisal and a new member of staff had received no formal assessment since they joined in November 2018. We were provided with two single cycle audits that the practice pharmacist had completed since November 2018. They planned to undertake a second cycle within 12 months and further audits in the future. We were not given any further audit programme by the provider.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

The practice participated in the Quality and Outcomes Framework (QOF). This is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. This was used to monitor patient care and treatment.

There were outstanding patient test results that were not indicated as viewed, acted on or filed by a clinician. Quality improvement activity was also limited.

Engagement with patients, the public, staff and external partners

The practice did not consistently involve the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	No
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

The provider told us that they engaged with other stakeholders as necessary to ensure the practice remained responsive to the needs of the local population. For example, the provider reported that they were due to attend a meeting with community representatives to discuss how the practice would need to respond to the development of new housing in the area.

A business plan for the service had not yet been developed due to the limited time that the provider had been responsible for the service. Although the new provider was able to articulate their plans for developing the practice, there was no evidence that the views of staff had been obtained or of their involvement in the planning of the service. Reception staff had told managers they were struggling since they were having to cover the role of the practice secretary and this had not been addressed.

The practice manager told us that the provider had recently signed up to develop a primary care network with four other practices in the area.

Feedback from Patient Participation Group.

Feedback
The practice manager told us there had been only one meeting for the Patient Participation Group (PPG) since the new provider had taken over the practice which was held in April 2019 and there was only one regular representative involved. We spoke with the representative of the PPG who spoke very highly of the practice and told us the group membership had dwindled in numbers since it originally started. The representative told us that they had advertised for more members, undertaken a recent patient survey with the assistance of the practice manager and planned to produce a newsletter together with other initiatives. The representative told us they felt supported by the practice manager and other staff and reported that the service had improved in response to feedback from patients. For example, the continuation by the new provider of the walk-in clinic on a Wednesday morning.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	No
Learning was shared effectively and used to make improvements.	No

We found evidence that while some learning was identified following incidents, the dissemination and embedding of this learning was not always effective.

For example, we were informed that practice meetings should occur every second Friday of the month when possible. We noted there had only been five practice meetings in the last 12 months, four of which had been coordinated since the new provider had started working at the practice. Separate clinical meetings had not been arranged but were planned.

We reviewed meeting minutes. These contained limited information for staff to reference and there was no evidence to confirm that important information such as significant events, safety alerts and complaints had been shared or discussed with staff in meetings. The practice manager told us that they would develop a standardised agenda to include key information and discussion topics.

We also noted electronic training records were not-up-to-date and it was therefore difficult to gain an up-to-date overview of the training completed by staff. One member of staff told us they had been responsible for sourcing their own training and other staff told us it was difficult to complete on-line training due to lack of protected time and competing demands on their time.

Clinicians had not received appraisals or clinical assessments.

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.