

# Care Quality Commission

## Inspection Evidence Table

### Strawberry Hill Medical Centre (1-2807244012)

Inspection date: 2 May 2019

Date of data download: 17 April 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

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

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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 20 November 2018	Y
There was a record of equipment calibration. Date of last calibration: 5 November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 4 October 2018.	Y
There was a log of fire drills. Date of last drill: 30 April 2019	Y
There was a record of fire alarm checks. Date of last check: Completed weekly – evidence seen	Y
There was a record of fire training for staff. Date of last training: April 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 10 May 2018 – next booked for 9 May 2019	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: Ongoing checks completed	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Disability access – Jan 2019, Staffing levels – March 2019.	Y

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: August 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## 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

## 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

## 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)	0.81	0.81	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)	8.4%	8.9%	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	5.50	5.57	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/07/2018 to 31/12/2018) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.13	1.82	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.	Partial
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 changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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
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

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The emergency equipment and medicines were stored in an unlocked designated room during the day and all staff knew where it was. The practice told us that this was to ensure accessibility. There was a risk that unauthorised people could access this during the day. An risk assessment had been undertaken and the practice had decided that the risk of reduced accessibility outweighed the risk of unauthorised access.</li> </ul>	

## 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:	8
Number of events that required action:	4

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

## Effective

## Rating: Good

### 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.43	0.58	0.79	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>The practice operated a named GP system for older people and each GP had a reserved vulnerable patient appointment every day that could be utilised accordingly. Health checks were offered to patients over 75 years of age.</li> <li>The practice participated in unplanned admissions avoidance/anticipatory care programmes since their inception in the locality.</li> <li>The practice identified 2% of the patient population who were at heightened risk of an unplanned</li> </ul>

hospital admission and worked with them to create an advanced care plan. This records their wishes and concerns regarding care for acute illness or other medical deterioration. These plans were uploaded to the Out-of-Hours clinical system and were updated as required.

- Patients who were identified as high users of out of hours services or A&E were invited for a face-to-face review, flagged on the practice systems and offered priority appointments to avoid A&E attendance.
- The practice participated in monthly virtual community MDT meetings which took place via teleconference calls. Patients were referred by GPs, Advanced Nurse Practitioners, practice nurses or District Nurses as needing increased multi-disciplinary input or being at risk of deterioration. The team involves social workers, community nurses and matrons along with occupational therapists, physiotherapists and mental health practitioner input as necessary.
- The practice looked after patients in six local care homes with a responsible named GP allocated to each one. The advanced nurse practitioner undertakes required visits to the care homes to improve access to urgent care when needed.
- The practice achieved the following 2017-18 Flu vaccination results:
  - Over 75s - 77.6% of patients vaccinated vs a national target of 75%.
- There was an active system in place for shingles and pneumovax vaccination programmes.

## People with long-term conditions

## Population group rating: Requires Improvement

### 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.
- The practice facilitated remote self-monitoring for some patients with stable long-term conditions such as hypertension, ischaemic heart disease and asthma. The system was to enable patients who may not have attended face to face reviews to still undertake monitoring of their condition.
- During the inspection we found that the monitoring of this system, specifically for those with asthma, was not always effective to allow the practice to monitor the patient's condition. It was not always made clear to patients that a face to face review was available and patients were not always followed up appropriately.
- We reviewed eight patient records relating to this and found that four of them were not appropriately followed up.
- Following the inspection, the provider sent us their action plan to respond to our findings, which mitigated the risk to these patients.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice undertook care planning for patients with diabetes and COPD to ensure they felt empowered to take control of their health needs.
- The practice held regular virtual clinics with the community diabetic consultant and joint clinics with the diabetic nurse specialist.
- Patients with pre-diabetes were coded and offered an annual review.
- The practice was in the process of undertaking a survey to see how patients would prefer to have their reviews scheduled. For example, as one annual appointment for all conditions or as separate appointments.
- The practice were aware they had higher exception reporting for diabetes care and had developed an action plan for this. They reported that their achievement had improved over the last 12 months regarding their recent long term condition submission.

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>	86.1%	77.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.7% (192)	12.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.9%	78.9%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.3% (29)	8.6%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.1%	78.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.7% (174)	12.2%	13.5%	N/A
Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.5%	75.7%	76.0%	No statistical variation

Exception rate (number of exceptions).	1.4% (19)	5.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.0%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.5% (4)	9.9%	11.5%	N/A
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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%	82.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (60)	3.0%	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)	96.2%	93.3%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.2% (21)	6.9%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets and the practice had achieved the targets in all four immunisation areas.
- The practice sent written invites and information leaflets for childhood immunisations at the same time as parents were invited for post-natal checks and when the one year old and pre-school boosters were due.
- All initial immunisation appointments were scheduled for double the time to ensure the risk of errors were minimised.
- If patients had received part of the immunisation schedule abroad then the practice sought advice from appropriate external services to ensure the appropriate immunisations were given.
- The practice had implemented a policy that the named GP was notified if a third reminder for immunisations had been sent and not responded to enable them to personally contact the parents/guardians to offer advice and information as appropriate.
- The practice held child specific flu vaccine clinics and reminded patients of these clinics via text message.
- The practice had arrangements to identify and review the treatment of newly pregnant women on

long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice had daily unlimited open access clinics for those requiring urgent appointments.

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)	243	261	93.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	244	264	92.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	244	264	92.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	243	264	92.0%	Met 90% minimum (no variation)

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

Population group rating: Good

### Findings

- The practice had a 'digital front door' system which used their website to improve access and direct patients to the appropriate team member for advice and treatment. Patients could use the website to book appointments, order repeat prescriptions, conduct and submit self-reviews of their medication and request fit notes from the GP.
- 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.

- The practice offered enhanced hours in collaboration with other practices in the local area. They offered face-to-face and telephone appointments on Monday evenings and Saturday mornings. Female patients could have cervical screening undertaken during these appointments and could also book dedicated appointments with the nurses via the website.

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)	68.3%	71.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.6%	72.1%	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)	57.6%	57.5%	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)	79.7%	73.9%	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)	54.4%	54.1%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice was aware that their achievement for cervical screening uptake was lower than the target of 80% and they had developed and implemented an action plan to improve this. For example:

- The practice had provided extra training to staff regarding the importance of screening.
- They had also invited members of the patient participation group to this training to equip them with the skills to talk about the screening with other patients.
- They had identified a focused working group within the practice to develop the action plan and had identified a cervical screening champion to contact patients and promote the screening.

**Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes and had regular named GPs assigned to each home.
- The practice actively supported and referred patients to the Make Every Adult Matter (MEAM) approach programme and provided whole-team training to facilitate this. (MEAM is a multi-agency programme, which includes the practice, working with patients with complex needs and complicating factors around homelessness including substance misuse, contact with the criminal justice system and mental health needs).
- A report produced by the programme leads showed that over the previous 12 months all of those referred (18 patients) had been supported by this approach. They identified that 96% of the patients also had other needs, such as mental health or substance misuse.
- On a scale of 0 to 5 (with 0 being low and 5 being high) the level of patient engagement with services was assessed before and after the patient was referred to the programme. Prior to the programme all of the patients scored between 0 to 2. After input from the MEAM programme we saw that some patients had gone up to 4 and 5 on the scale.
- The practice offered patients on this programme double length appointments, the right to register patients with no fixed abode and the duty to refer any patients who they think is or is threatened with homelessness.
- Alerts were added to the records of these patients and the clinical staff worked with the service by sharing appropriate health information with appropriate consent from the patient.
- The practice showed us case studies which evidenced that patients who previously struggled to manage their complex health conditions had improved their access to health care services. For example, a patient with an unmanaged long-term condition, was supported by the programme's approach, and practice, and managed to be re-housed, accessed more health appointments and ultimately succeeded in much better management of their long-term condition and therefore improved health outcomes.
- The practice also worked with the local health watch service to produce cards for patients to use to identify their homeless state.
- The practice undertook a variety of safeguarding-related training annually, including annual Domestic Violence training for all staff and had monthly safeguarding multi-disciplinary team meetings to review patients with safeguarding concerns.
- The practice had identified a champion for patients with a learning disability to encourage uptake of annual health reviews to identify any health needs.
- This had resulted in an increase from 78% of patients with a disability having an annual health

review in 2017 - 2018 to 87% in 2018 – 2019.

- The practice tried to identify carers at registration, during annual flu clinics and opportunistically during appointments and contacts. They had identified 2% of patients as carers and offered these patients health reviews to ensure their needs were met.
- The practice had also identified 1% of the practice population as veterans and offered these patients health reviews to ensure their needs were met.

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

**Population group rating: Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice hosted and referred patients to a service who were trained therapists specialising in interventions for patients whose physical health problems cause significant mental health difficulties.
- They worked with the mental health care-home out-reach team to provide health care to patients in two local dementia care homes and all dementia patients had care plans in place.
- The practice was participating in a local enhanced service to provide regular physical health checks to all patients with significant mental health concerns.

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>	95.3%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.5% (2)	12.6%	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) <small>(QOF)</small>	95.3%	91.0%	90.0%	No statistical variation

Exception rate (number of exceptions).	0.8% (1)	10.3%	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) <small>(QOF)</small>	86.4%	84.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (14)	6.0%	6.6%	N/A

## Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	541.8	537.5
Overall QOF exception reporting (all domains)	5.3%	5.1%	5.8%

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

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

<p>An audit was undertaken on the co-prescribing of amlodipine (used to lower blood pressure) and simvastatin (used to lower cholesterol levels) which showed the following:</p> <p>In February 2017, 89% patients co-prescribed amlodipine and simvastatin were on the appropriate maximum dose of simvastatin (20mg).</p> <p>The practice reviewed the patients not on the appropriate dose and adjusted their medication as appropriate.</p> <p>In April 2019 they found 96% of patients co-prescribed amlodipine and simvastatin were on the appropriate maximum dose of simvastatin (20mg).</p> <ul style="list-style-type: none"> <li>The practice had also undertaken the following audits: <ul style="list-style-type: none"> <li>Urinary Tract Infection audit – Three cycle audit which showed although the target was met on the first audit there was an improvement each time it was reviewed.</li> <li>Management of asplenic patients (patients without a spleen who would be more susceptible to infections) - Fourth cycle of audit started in 2015. The practice was committed to improving quality of care for these patients and recognise that although improvements had been made</li> </ul> </li> </ul>
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there is still work to be done.

- Use of ciprofloxacin (an antibiotic) in general practice - first cycle, with second cycle planned for July 2019.
- Audit of the co-prescribing of Aspirin and an anti-coagulant - two cycle audit, showing improvement.
- Minor Surgery Audit undertaken annually showing a high-quality service.

The practice was committed to embracing high quality, several cycle, formal audits over a long time, and had a plan to continue this in the future. We found audits were well-embedded into the day to day service of this practice.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.9%	94.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (20)	0.7%	0.8%	N/A

## Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	11
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
Friends and Family test	May 2019 - 72% of patients would recommend the surgery to their friends & family April 2019 – 83% of patients would recommend the surgery to their friends & family March 2019 - 79% of patients would recommend the surgery to their friends & family
Patient feedback	All patients we spoke with reported that the care and treatment they received was positive and that staff treated them with respect.

## 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
21,551	246	104	42.3%	0.48%

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)	86.0%	90.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	83.7%	87.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.9%	95.6%	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)	81.5%	83.9%	83.8%	No statistical variation

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

## 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

Source	Feedback
Interviews with patients.	Patients reported that they were always involved in decisions regarding their care when they spoke to clinicians at the practice.

## 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)	98.5%	94.6%	93.5%	Variation (positive)
				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

## 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

# Responsive

Rating: Good

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Any additional evidence or comments
The practice is part of a GP Federation so an extended access service to GP services outside core hours is provided through this arrangement

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21,551	246	104	42.3%	0.48%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.9%	94.3%	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.
- One of the GPs had written an article for the local newspaper to encourage patients to talk about their preferences for end of life care.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment, although the arrangements for this was currently under review via a consultation with patients.
- 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

- 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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available on evenings,

Saturday and Sunday.

### **People whose circumstances make them vulnerable**

**Population group rating: Outstanding**

#### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The Make Every Adult Matter programme ensured patients could receive treatment in line with their health needs. (MEAM is a multi-agency programme, including the practice, working with patients with complex needs and complicating factors around homelessness including substance misuse, contact with the criminal justice system and mental health needs). There had been a previous issue with homeless patients not being able to access care and treatment due to the local trust only accepting e-referrals which relies on the patient record being held by the GP and the GP having an address to request these records. The practice therefore registered the patients at the practice address to enable this.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Following an increase in patients with a learning disability and patients identified as veterans the practice had created champion roles within the practice to further support these patients by offering extended appointments and health reviews.
- The practice had identified patient experience advocates with particular interests in patients in vulnerable circumstances to ensure their views were captured and used to make improvements. The advocates would communicate with vulnerable patient groups and bring their feedback into the practice to inform decisions being made regarding the systems and processes being implemented.
- British sign language training had been provided to staff due to an increased need within the population area.

### **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.
- Mental Health first aid training was provided to staff to enable better support of patients' needs.

## 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.	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

## 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)	75.4%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	62.9%	68.9%	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)	56.2%	65.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.0%	74.7%	74.4%	No statistical variation

## 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.	36
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.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Issue regarding mistake with identification of patients with similar names.	Staff training undertaken, and warnings added to patient records to highlight risks.

## Well-led

## Rating: Outstanding

### 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: <ul style="list-style-type: none"><li>• The leadership, governance and culture of the practice was used to drive and improve the delivery of high-quality person-centred care with compassionate, inclusive and effective leadership at all levels.</li><li>• Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. For example, they had responded to the issues around homeless patients not being able to access appropriate care and treatment and had developed and implemented an action plan to overcome this.</li><li>• The practice had a business plan which outlined a clear vision to deliver high quality care and promote good outcomes for patients. The plan was initially developed when two practices merged to become one and it included a two-year programme, which outlined the challenges of year one after the merge and detailed the implementation of best practice from both of the previous practices. The plan had since been developed and updated to include the ongoing need to utilise innovative approaches in a modern medical facility. This plan was understood by staff, who knew and understood the values.</li><li>• The practice had developed and changed the leadership structure and identified team leaders for each area within the practice, such as reception, administration, secretaries and nursing teams. This was to improve accountability across the different areas and to increase effective communication and information sharing.</li></ul>	

### 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	Y

them.	
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had reviewed and planned its delivery of care which had involved a review of current and future demand both in the short and long term, consideration of the best methods to meet demand and the structure of the assets and staff to best meet that demand.</li> <li>The strategy and supporting objectives were challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.</li> <li>During the inspection we identified issues with online health reviews for patients with asthma. The practice acknowledged our concerns and sent us a detailed action plan to respond to this and mitigate the risks to patients.</li> <li>Regular monthly meetings were held, agendas and minutes of meetings demonstrated that the leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety, staff welfare and effective systems and processes.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We found that before, during and after the merger and relocation the two leadership teams had worked collaboratively with a shared purpose to deliver and succeed in the new organisation. Their effective planning had ensured the practice was able to maintain the level of service to patients, continued to ensure an effective governance framework was implemented and measure and improve clinical performance.</li> <li>Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. Staff were aware of the practice "Whistleblowing" policy and how to raise concerns</li> <li>Regular staff meetings were held, these were well structured and included content aimed at improvement at all levels.</li> <li>Everyone we spoke with demonstrated enthusiasm and commitment to delivering a safe and dynamic service to patients.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff told us they felt involved in decisions on how the practice was managed. Nursing staff said they had prompt access to GPs when they needed clinical advice.

## 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> <ul style="list-style-type: none"> <li>• Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.</li> <li>• When issues arose with governance processes the practice acknowledged these and developed actions plans to reduce risks of these reoccurring.</li> <li>• Following the merger of the two practices all practice policies were merged or reviewed to ensure they related to Strawberry Hill Medical Centre. These were centrally available and staff we spoke with were aware of location. These were regularly reviewed to ensure they met best practice and national guidelines, particularly when new changes arose (such as General Data Protection Regulation (GDPR) requirements).</li> <li>• A comprehensive understanding of the performance of the practice was maintained and monitored to ensure the merger of practice systems had not impacted on performance or record keeping.</li> <li>• There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included risk assessments for the new building before and after the practice opened in April 2016.</li> <li>• Staff we spoke with were clear on the leadership structure, policies and how their role contributed to the practice vision.</li> <li>• All clinicians attended the regular practice meetings which was the forum at which significant events analysis, complaints, compliments, new policies and procedures were discussed. Also, feedback from courses attended and clinical cases were reviewed.</li> <li>• Communication across staff groups was effective and organised through structured, documented meetings and emails.</li> </ul>	

## 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> <ul style="list-style-type: none"> <li>Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated and person-centred care.</li> <li>There was a comprehensive business plan in place to ensure the future of the practice.</li> <li>The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.</li> <li>There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation regularly reviewed how they function and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.</li> </ul>	

### 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service. This ensured a comprehensive understanding of the performance of the service was maintained.</li> <li>The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.</li> <li>There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. For</li> </ul>	

example, the provider worked with other local services to improve care within the local community.

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a culture of engaging with staff and people who used services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.</li> <li>• Services were developed with the full participation of those who use them, staff and external partners as equal partners.</li> <li>• The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.</li> <li>• All staff were considered valuable members of the team and those we spoke with were clear on their contribution to providing the best and safest service to patients. Staff told us they now were proud of working at the practice.</li> <li>• The practice had identified patient experience advocates to ensure patients views were captured and responded to appropriately.</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
The practice had worked closely with the PPG and they told us that their views and ideas were listened and accommodated as much as possible.
The practice had encouraged members of the PPG to attend training sessions on health screening (such as cervical screening) to widen their knowledge and understanding of the benefits of screening programmes, with the aim of increasing uptake.
The practice had worked with the PPG to update the patient waiting area following feedback from patients.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>There was a fully embedded and systematic approach to improvement which was seen as the way to deal with performance and for the organisation to learn. Multi-disciplinary team skills were used across the organisation, and staff were empowered to lead and deliver change.</li> <li>There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward-thinking and part of local pilot schemes to improve outcomes for patients in the area. During the inspection, the GPs and practice manager described how they would like the practice to support new models of care in the West Berkshire area and become a social centre in Newbury, working with other organisations to reduce health inequalities.</li> <li>Strawberry Hill Medical Centre was a teaching practice and supported doctors undertaking their GP training and physician associates. The practice had also taken part in an apprenticeship scheme in business administration and the practice manager had won an award from the college as best workplace mentor.</li> <li>We noted one member of the nursing team ran running clubs in the area, with West Berkshire Council. Patients from the practice were encouraged to join the groups to improve their health and lifestyles. The nursing team had introduced annual carer reviews and a 12 months post bereavement reviews for patients.</li> <li>Newly appointed team leaders were given leadership training to equip them with the skills needed for their new roles.</li> </ul>	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$

Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

#### Glossary of terms used in the data.

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