

Care Quality Commission

Inspection Evidence Table

Dr P Kerr & Partners (1-589589298)

Inspection date: 17 July 2019

Date of data download: 25 June 2019

Overall rating: Requires improvement

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

Safe Rating: Requires improvement

We rated the practice as requires improvement for providing safe service because:

- Information from correspondence was not always shared and actioned within the practice effectively, including correspondence relating to safeguarding.
- Children and adults at risk were identified on the clinical system using alerts, but these were not consistently appearing as expected.
- Not all staff had received safeguarding training to an appropriate level for their role.
- Disclosure and barring checks were undertaken for all staff, but the practice had not completed a risk assessment to determine when these should be renewed.
- Appropriate recruitment checks and the ongoing monitoring of the registration of clinical staff was not always completed.
- The practice could not always evidence the completion of actions resulting from safety alerts.

Safety systems and processes

The practice did not always 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.	Partial
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a workflow optimisation system for dealing with incoming post and directing this to the most appropriate staff member. We checked the inboxes for GPs that were not working on the day of inspection. We found a safeguarding document relating to a child who was brought to A&E with a physical injury and the parent self-discharged the child without being seen. We noted this had been sent to the child's usual GP, but not to the safeguarding lead. We saw the document had been received 10 July 2019 and at the time of our inspection 17 July 2019 had not been actioned or followed up.</p> <p>We saw the practice had developed a protocol in March 2019 that described where to send correspondence for action. This did not include guidance for discharge summaries where the patient self-discharged. The practice took immediate action in response to our concerns. They revised their protocol to include a flow-chart of action to take on receipt of a discharge letter, safeguarding form or a clinic letter where the patient self-discharged or did not attend/was not brought to the appointment. We saw this included that the practice will check if the patient was a child or vulnerable adult and to send to both the usual GP and safeguarding lead. Following our inspection, the practice demonstrated they had taken the matter seriously. They had taken further action and looked into what had happened to confirm there were no safeguarding concerns. They found the safeguarding document had been sent to them for information from a health visitor, following the A&E attendance which was in May 2019. This was risk assessed at the time by the health visitor and there were no immediate concerns. The practice has now taken appropriate action to follow up the information, including contact with the health professionals and patient.</p> <p>Children and adults at risk were identified on the practice computer system using alerts on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. We saw that alerts were not consistently appearing as expected within clinical records. The practice took immediate action and looked into the reason for this. They found a system error and reported this to the software company. In the interim, while they wait for the correction, they implemented a new protocol within the system to ensure that all alerts would pop up to flag concerns.</p> <p>The practice told us that all clinical staff received level three training for adult and child safeguarding. However, when we looked at the training records for five members of staff, we found they did not demonstrate that safeguarding training had been completed to an appropriate level. For example, two GPs had no training records for safeguarding children, and a healthcare assistant had a record of completing level one training for both adult and child safeguarding, which is not to a level recommended by national guidelines. The new intercollegiate guidance for adult and child safeguarding sets out the requirements for levels of competency for all staff. This includes an expectation that all GPs and nurses will achieve level three safeguarding training by August 2021. Following our inspection, the practice told us that all staff were working towards the new training requirements. They sent us a list of staff and the level they have achieved.</p> <p>Following our inspection, the practice sent us the safeguarding training records for one of the GPs.</p> <p>The practice completed DBS checks for all staff. At the time of inspection we were not shown a policy</p>	

Safeguarding	Y/N/Partial
<p>or risk assessment that determined the interval in which to repeat the check. For example, in one staff file we found the most recent DBS check was completed 11 years ago (2008). Following our inspection, the practice provided evidence they amended their DBS policy in March 2019 to state that checks would be repeated only if the manager or partners had a specific reason for doing so. We saw their new appraisal forms included a character check question. The practice also sent us a list of staff with the date of the last DBS check and level.”</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice regularly used locum GPs to help cover appointments. A comprehensive rota system was in place that showed the level of cover required and any shortfall. They had a folder of information for locums that was accessible on the practice system. We found the practice completed appropriate recruitment checks for locums.</p> <p>We looked at three staff recruitment files, including one locum GP. Almost all recruitment checks had been completed, however one file did not contain evidence obtained prior to employment of satisfactory conduct in previous employment (usually found in the form of references). Following our inspection, the practice told us they obtain references for all members of staff. Where this has not been possible they have now collated information to document a risk assessment undertaken by managers to determine any risks of continuing employment.</p> <p>The practice told us that the registration of clinical staff was checked annually and a copy of this was placed in the staff file. We looked at the staff files for one GP partner and one salaried GP. There was no evidence of a registration check within the last 12 months for the GP partner; the most recent evidence was 2012. Following our inspection, the practice explained they record registration checks on each staff file. They told us they have now updated the GP partner file and added this information to a spreadsheet, used to record and manage their HR information. They told us they had recently implemented a new IT system that will be used for the ongoing management of HR processes.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 06/02/2019
There was a record of equipment calibration. Date of last calibration:	Yes 06/02/2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 09/01/2019
There was a log of fire drills. Date of last drill:	Yes 10/01/2019
There was a record of fire alarm checks. Date of last check:	Yes 11/07/2019
There was a record of fire training for staff. Date of last training:	Yes 10/01/2019
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 15/07/2019
Actions from fire risk assessment were identified and completed. As this had been completed two days prior to our inspection, there were some actions still to be completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 15/07/2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 15/07/2019
Explanation of any answers and additional evidence: The practice had recently moved into their new building. This premises adhered to all new and updated building regulations. The practice had recently completed a health and safety risk assessment. Some actions had already completed, for example signs for low head height. The remaining actions were in progress.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 22/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

There were 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.	Yes
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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: The practice used a checklist to ensure a consistent induction for all staff. Although we saw evidence of the template, the practice did not retain the completed checklist in staff files.	

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.	Partial
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and 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.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of clinical records for patients, including those with a learning disability, asthma, or receiving end of life care. We saw evidence of comprehensive care plans that were well documented and met best practice guidelines.</p> <p>We found that the systems for processing and sharing information within the practice were not always effective. The practice had developed a workflow protocol for dealing with incoming post and directing this to the most appropriate staff member. The staff members performing the workflow optimisation had received training to conduct this role. The lead partner was the workflow lead, who performed an audit every month for each staff member, to assess and monitor compliance. We saw evidence of this.</p> <p>We found there was a backlog of correspondence waiting to be scanned onto the system for processing. The most recent scanned letters were from 12 July (5 days prior to our inspection). The practice had a protocol that meant anything deemed urgent was scanned on straightaway and flagged for priority processing with the workflow administrators. We looked at a sample of letters that were not yet scanned onto the system. We saw these were non-urgent in accordance with the practice protocol.</p> <p>We found that the workflow administrator had processed the urgent communications.</p> <p>We saw an additional backlog of 787 letters, which had not yet been processed by administrators. Following our inspection, the practice told us they had amended their protocol to ensure all letters, including those received electronically, are now processed and coded within 24 hours. We saw evidence of their workflow optimisation clinical letters processing time frames policy, which reflected this change.</p>	

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.81	0.86	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	10.8%	10.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.33	6.02	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.01	1.41	2.07	Variation (positive)

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.	Yes
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
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
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
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.	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
<p data-bbox="57 1637 1541 1749">There was a process for monitoring patients' health in relation to the use of medicines, including high risk medicines. We reviewed a sample of patients prescribed such medicines and saw their health was being monitored appropriately, prior to prescribing.</p> <p data-bbox="57 1805 1541 1883">The practice had completed a comprehensive risk assessment to document decision making regarding the medicines stocked in their emergency bag.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	22
Number of events that required action:	22
Explanation of any answers and additional evidence: We found significant events were thoroughly recorded, investigated and acted upon. We saw learning and action points were discussed during practice meetings and then disseminated to all staff. We saw evidence of this in meeting minutes and staff confirmed this during interviews. The practice also reviewed significant events in a quarterly meeting with all staff, to identify themes and take action to improve safety at the practice. We saw evidence of this. Communications with affected patients demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour.	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Missed prescription through workflow	The practice fully investigated. They found an internal communication issue and set up a specific email address to be used for prescriptions. We saw minutes of a meeting where the significant event was discussed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a recording sheet log all received alerts, which were reviewed by the practice pharmacist. Any actions were identified and recorded onto the log. We saw that information was cascaded to appropriate staff. However, the practice could not always demonstrate that actions had been completed and thoroughly recorded. For example, the practice received an alert relating to a medicine for the treatment of epilepsy and bipolar disorder called sodium valproate. We saw evidence that the practice had searched their practice system for potentially affected patients and completed some initial checks. We looked at a sample of four patients and saw their health was being monitored appropriately, prior to prescribing. We asked to see evidence that appropriate actions had been completed as per the guidelines set out by the Medicines and Healthcare products Regulatory Agency. The practice was unable to demonstrate these actions had been completed as there was no evidence recorded within the patient record.</p> <p>Following our inspection, the practice told us they have updated their policy to ensure actions taken following any alerts are documented in the patient record. They have also taken appropriate action to meet the required guidelines for patients prescribed sodium valproate. The practice told us they have re-structured the prescribing lead arrangements to include the future management of alerts.</p>	

Effective

Rating: Requires improvement

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
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 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
Explanation of any answers:	
The practice could not demonstrate through performance information that patients with long-term conditions and mental health conditions were provided with ongoing care and treatment.	

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) (01/04/2018 to 31/03/2019) (NHSBSA)	0.69	0.91	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- 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 had a lead GP, nurse and administrator who coordinated their frailty service. The practice offered weekly 30-minute frailty reviews.
- 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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires improvement

Findings

- The practice told us that patients with long-term conditions were offered 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. However, this was not reflected in their performance information.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 was setting up a chronic disease clinics from September 2019, so that patients would only need to attend one appointment, with the appropriate clinician. Following our inspection, the practice sent us further details of the clinics and new appointment setup, which have been arranged to support and review patients with long term conditions.

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>	79.0%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.8% (40)	13.7%	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>	81.9%	77.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.6% (45)	12.3%	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>	80.5%	82.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.6% (63)	14.8%	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)	56.3%	71.6%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	1.2% (17)	5.6%	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)	73.0%	90.6%	89.7%	Variation (negative)
Exception rate (number of exceptions).	3.3% (7)	15.6%	11.5%	N/A

The practice was fully aware of their current performance, including for patients with long term conditions. They explained that in 2017 a nearby practice closed which resulted in an additional 2,500 patients. Since then, the practice told us they had registered a further 1,500 patients. They told us this, coupled with challenges associated with their rebuild, had affected their ability to provide sufficient appointments. They had recruited new clinical staff and told us about their plans to improve their service offered for chronic disease patients. We asked to see updated performance information but this was not provided. We noted there had been a continuing negative trend for the practice performance, since 2016, for the percentage of patients with asthma, on the register, who have had an asthma review in the last 12 months.

Following our inspection, the practice told us any asthma reviews that were due would trigger a process to send a letter and questionnaire to the patient, to be completed and returned to the practice during an appointment. They were also bringing in a text messaging service to patients with asthma to enable two-way communication with the practice about their asthma control. The practice told us they will also make the questionnaire available on their website.

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)	80.7%	81.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.7% (96)	4.9%	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)	86.1%	87.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (13)	6.4%	6.7%	N/A

Findings

- The practice childhood immunisation uptake rates had not all met the World Health Organisation (WHO) target, which is the recommended standard for herd immunity. Three out of four childhood immunisation indicators did not meet the 90% minimum target. One uptake rate was above 95%. The practice provided us with evidence that demonstrated they had achieved the 90% targets in all indicators required by their service contract. However, the service contract was not aligned with the data used by the Care Quality Commission, as the age ranges do not mirror World Health Organisation targets.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group. The practice had a paediatric advanced nurse practitioner (ANP) who offered services including postnatal and 6-8 week baby checks, support and coordination of services for families of a child with a chronic disease, those with a learning disability and with child school avoidance. The ANP also conducted multi-agency liaison with schools, health and social services to improve information sharing.
- The practice had a GP infant feeding champion and had developed patient leaflets to support breastfeeding mothers whose baby had a milk allergy. Infant feeding training was included in the training programme for all staff.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	242	253	95.7%	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)	249	285	87.4%	Below 90% minimum (variation negative)
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)	250	285	87.7%	Below 90% minimum (variation negative)
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)	247	285	86.7%	Below 90% minimum (variation negative)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. There was appropriate and timely follow-up on the outcome of these where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had a registered FSRH (Faculty of Sexual and Reproductive Health) GP trainer who trained GPs and nurses in contraception including those at the practice and within the CCG.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.

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)	75.5%	73.2%	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)	74.4%	70.1%	69.9%	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)	59.1%	57.5%	54.4%	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)	67.0%	67.6%	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)	63.4%	55.9%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 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

- The practice told us they 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. However, this was not reflected in their performance information.
- Same day and longer appointments were offered when required.
- 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 did not always have arrangements in place to help them to remain safe. On the day of our inspection the practice told us about a significant event involving a patient and they had recently reviewed their suicide prevention policy.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services. All practice staff had attended dementia training in April 2019 to become Dementia Friends.
- Patients had access to a wellbeing advisor who visited the practice weekly. They provided advice and signposted patients to a wealth of support associations, as well as being a good listener for patients suffering from loneliness.
- The practice was setting up dedicated clinics from September 2019, so that patients would only need to attend one appointment, with the appropriate clinician. Following our inspection, the practice sent us further details of the clinics and new appointment setup, which have been arranged to support and review patients with mental health conditions.

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>	38.5%	85.6%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	4.7% (6)	15.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	54.0%	88.2%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	1.6% (2)	11.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.1%	80.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.0% (13)	6.6%	6.6%	N/A

Any additional evidence or comments

The practice was fully aware of their current performance, including for patients with mental health conditions. They explained that in 2017 a nearby practice closed which resulted in an additional 2500 patients. Since then, the practice told us they had registered a further 1500. This, coupled with challenges associated with their rebuild, affected their ability to provide sufficient appointments. They had recruited new clinical staff and told us about their plans to improve their service offered for patients with mental health conditions. The practice provided updated performance information and we saw that as of 14 July 2019 the practice had not met the 90% target.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	478.8	544.5	537.5
Overall QOF score (as a percentage of maximum)	85.7%	97.4%	96.2%
Overall QOF exception reporting (all domains)	3.2%	6.0%	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.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice provided evidence of several audits undertaken, which had resulted in changes to clinical management and medicines for individuals, in line with guidance.
Examples completed between 2017 and 2019; audit of patients prescribed Sodium valproate, review of patients with possible un-coded gestational diabetes, audit of patient deaths to improve processes and quality of care.
We looked at an audit completed in March 2018 to check whether patients were being safely prescribed dual antiplatelet therapy (DAPT), where patients are treated with two types of antiplatelet agents to prevent blood clotting. They looked at whether patients had a recorded date to stop the therapy and whether this was on their medication label. The first audit cycle showed that 81% of patients had a stop date recorded and 70% had the stop date recorded on their medication label. The practice implemented a policy to ensure stop dates were recorded and to liaise with the practice pharmacist. The second audit cycle showed an improvement; 83% of patients had a stop date and 83% had this recorded on the medication label. The practice also identified that 39 of 40 patients had documented indication in their notes, therefore one patient had no indication of DAPT recorded. The practice discussed the results within their quality improvement meeting and provided clear instructions on prescribing. They communicated to clinicians that a stop date for DAPT recorded on the medication label helps to ensure the therapy is appropriate and is included in medication reviews.

Effective staffing

The practice was able 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice told us they had brought in a new appraisal process in January 2019. All staff received an annual team appraisal, one to one with their team leader and a meeting with a manager.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	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

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
Patients had access to appropriate health assessments and checks.	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

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)	93.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (11)	0.6%	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.	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.	Yes

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards 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.	18
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Interviews with patients	Patients we spoke with on the day of the inspection told us staff were friendly and always listened to them. They spoke positively about the service received. Patients praised the service provided for children and the support with infant feeding issues.
Comment cards	Patients commented that practice staff were caring and put them at ease. We saw consistently positive comments about the level of attention received and continuity of care. Many patients wanted to thank their GP for their ongoing care and treatment. Negatively themed comments related to access to appointments.
NHS Choices	The practice had a rating of 2 out of 5. We looked at 14 comments that had been published in the last year. We saw comments that included praise for the caring, compassionate and efficient nursing staff and GPs. There were negatively themed comments relating to issues relating to the attitude of receptionists. We saw the practice had responded to some comments. The practice recognised that the NHS Choices reviews were poor but provided evidence of their Friends and Family Test Results and their ongoing monitoring of comments. We saw that 92% of patients would recommend the practice, based on 396 responses in June 2019.

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
20350	272	114	41.9%	0.56%

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)	85.5%	91.5%	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)	83.0%	90.6%	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)	95.4%	97.1%	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)	81.3%	87.4%	83.8%	No statistical variation

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

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Comment cards and interviews with patients	Patients commented that they felt involved in decision making about the care and treatment they received. They also stated they felt supported by staff and that treatment decisions were acted upon.

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)	95.2%	95.0%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 581 patients who were also carers (almost 3% of the practice population).
How the practice supported carers (including young carers).	They offered longer appointments for carers and the practice system alerted when a patient was a carer or cared for. The practice carers champion called newly identified carers and offered support and referral to a local carer's charity. They had a carer's pack available which provided information on support groups and relevant information to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service. The practice updated all staff via email and made a note on the record for relatives to ensure they were supported appropriately when contacting the practice.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Monday	8:30am – 6:30pm
Tuesday	8:30am – 6:30pm
Wednesday	8:30am – 6:30pm
Thursday	8:30am – 6:30pm
Friday	8:30am – 6:30pm
Any additional evidence or comments	
The practice also offered pre-bookable appointments from 8:30am to 1pm on Saturdays and from 7:30am on Tuesdays and Wednesdays.	
As part of a national initiative, GP practices in East Surrey offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at designated local practices or at Caterham Dene Hospital.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20350	272	114	41.9%	0.56%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.9%	96.7%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The practice had a lead nurse for diabetes who offered telephone follow ups and home visits for older patients. The practice had designed a diabetes fellowship to improve diabetes care. From September 2019 the practice would have a diabetes fellow in place who would develop a pilot service for frail housebound diabetic patients. This would then be rolled out across their network.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available on two early mornings each week and on a Saturday 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 telephone or same day appointment when necessary. Unwell children had access to either the paediatric advanced nurse practitioner or duty triage GP.
- The practice was breastfeeding friendly and we saw posters displayed to encourage mothers. We also saw they had made a separate area available, if they wanted to have privacy.

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 opened early on two mornings each week and on a Saturday. 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.
- Patients had access to online services including to book appointments and order repeat prescriptions.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- 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.

National GP Survey results

	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

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)	64.6%	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)	57.4%	70.2%	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)	56.9%	65.1%	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)	63.1%	75.1%	74.4%	No statistical variation

Source	Feedback
Comment cards and interviews with patients	Patients commented that they were not rushed in appointments. Patients told us they experienced some difficulty getting an appointment and these were sometimes running late. However, most patients were happy to wait because they appreciated the service received.

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.	21
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that complaints were fully investigated, with transparency and openness. The practice learned lessons from individual concerns and complaints and also from analysis of trends. This included verbal complaints. It acted as a result to improve the quality of care. The practice discussed complaints within staff meetings and cascaded learning points to all staff through team meetings.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
GP running late and missed prescription item	The practice fully investigated and discussed the concerns. They apologised to the patient and provided a timely, open and honest response by letter. The practice recorded their learning and outcome from this would be a review of the appointment system.
Lack of understanding and support for patient with an anxiety disorder	The practice investigated and discussed the concerns with the staff involved. We saw that a timely, comprehensive and appropriate response was sent to the patient apologising for what had happened. The patient was offered future assistance including alternative contact arrangements with the practice. All reception staff were to be given enhanced customer service training.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The practice had experienced a number of challenges and changes. This included a significant rebuild, which had its own difficulties and delayed completion. During this rebuild a nearby surgery closed and the practice took on an additional 2,500 patients along with 1,500 other new patients. They also told us about staffing challenges including four staff members being on long term leave, plus changes in the partnership. The practice staff had been working from portacabins throughout this time and facing the challenge of delivering a service under difficult circumstances. The explained how they met the challenge by recruiting new staff including two new health care assistants, implementing workflow optimisation, and recruiting two GPs into specialist pilot roles. They were also intending to recruit a new practice nurse and an advanced nurse practitioner.</p> <p>The staff moved into their new building in July 2018. The practice recognised that their performance indicators had dropped in some areas and explained they had received support for this in terms of protected quality and outcomes framework (QOF) payments for two years. They fully understood the actions necessary to address their current challenges and meet increasing patient demands.</p> <p>The practice had development opportunities for staff, including promotion of a senior administrator into a leadership position and evaluation of the skill mix within the management structure to allow development of the whole team.</p>	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Explanation of any answers and additional evidence:

The practice had developed a mission statement, vision and values in collaboration with staff. They had also redesigned the practice image including new uniforms. They planned to update their website by September with their new look.

Although the practice could describe their priorities and strategy, the documentation of this was in progress. They had completed a financial forecast and were in the process of completing a business plan now that they had moved into their building. They felt positive about the future of the practice.

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.	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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Staff had undertaken equality and diversity training.	Yes

Explanation of any answers and additional evidence:

The practice told us they aimed to support staff wellbeing and told us one of their priorities was to improve staff support and morale. Initiatives included a practice book club, coffee break, remote working available for GPs needing flexible working for childcare responsibilities, and art workshops. The practice was also introducing a system to ensure all staff were given the opportunity to raise issues or concerns, including anonymously. This included a staff survey and a suggestions and comments box. This would be for any member of staff to add concerns or ideas, which would be addressed at the next staff meeting.

The practice had recently set up all staff with an NHS email account and monthly newsletter, which they would use to keep everyone informed, to improve communication.

We saw the practice website was regularly updated with news about the practice, including open and honest articles on the rebuild progress. Patients we spoke with on the day of inspection commented positively on the new building and told us they were supportive of the practice.

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

Source	Feedback
Staff interviews	Staff told us they enjoyed working at the practice and felt they offered high quality care to their patients. All staff felt their roles were varied and they were encouraged to develop. They were happy with the level of communication at the practice and said it was an open and friendly culture. Staff told us it was a strong team and they felt supported by their colleagues. However, some staff told us they did not always feel supported by the senior management team on a personal level. They told us there was a high workload and there had been a lot of change at the practice. We heard that the practice had kept them all updated about the rebuild and were supportive during this time. Staff spoke positively about the new building and were optimistic about the future.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. Significant events were discussed, and the practice reviewed complaints. We saw evidence of this.
Staff training	There was good management overview of staff training, although there were gaps in safeguarding training.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
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.	Yes
Explanation of any answers and additional evidence:	
The practice told us they had received feedback from patients relating to access to appointments with GPs. They were fully aware that patient feedback was negative particularly following recent events. In response to this, they were in the process of reviewing their appointments with an experienced improvement facilitator as part of an NHS England programme to help GP practices. This included a review of demand and their triage system to develop a new appointment system. They were positive that improvements would be made, particularly once the GPs who were on leave returned and their two new GPs started in post.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice had 14 volunteer health champions who organised and delivered regular coffee mornings for all patients every two weeks and a walking group. The practice told us they planned to start a "couch to 5k" running group to encourage patients to be more active.	

Feedback from Patient Participation Group.

Feedback
There was an active patient participation group (PPG), with 24 members, which had been running since 2011. We heard from two members of the PPG who told us they met regularly as a group with the practice manager and occasionally a GP. We were provided with their agenda for their meeting on 31 July 2019, which included the following topics; practice website and newsletter, recent publications by the CCG, and a discussion on primary care networks. Members of the PPG who were unable to attend were given the opportunity to contribute and receive updates by email. The PPG told us the practice cooperated with them and had been responsive to concerns, suggestions or queries raised. However, they explained that the recent challenges relating to the rebuild and additional patients had reduced their interactions. Changes that the PPG were working with the practice on were the review of the appointment system. They spoke positively about the reception staff and told us about the improvements, including training. The PPG members told us they were satisfied with the care and treatment provided by the practice, and they felt the GPs go the extra mile for patients.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
The practice had set up a project to develop a sustainable, network level service to care for housebound diabetics. This project would be led by their new diabetes & frailty GP Fellow. The GP infant feeding champion had been working with the CCG and Public Health England to improve infant feeding education across primary care. Improvements had been made within the practice by the development of an infant feeding template on their clinical system, to help identification of feeding issues and prescribing in breastfeeding. This template had been shared locally and nationally.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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