

# Care Quality Commission

## Inspection Evidence Table

### The Balaji Surgery (1-5222837754)

Inspection date: **21 May 2019**

Date of data download: 15 May 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 services as the arrangements in respect of safeguarding, staff training and learning from significant events and incidents required strengthening to ensure risks were mitigated.

### Safety systems and processes

**The practice had some 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.	Partial
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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff demonstrated clear awareness of their responsibilities around reporting incidences if they suspected a concern. The practice had policies and processes to support staff in this area and staff were clear on how they accessed these policies.</li> <li>On reviewing the safeguarding register we found parents of children identified as at risk had not been linked through the medical records to ensure safeguarding concerns were monitored effectively.</li> </ul>	

<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: February 2019	Y
There was a record of equipment calibration. Date of last calibration: February 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: May 2018	Y
There was a log of fire drills. Date of last drill: May 2018	Y
There was a record of fire alarm checks. Date of last check: weekly	Y
There was a record of fire training for staff. Date of last training: Various dates, completed through online training system	Y
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: May 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The landlords had a range of risk assessments in place, that were monitored on a regular basis to mitigate risk. This included weekly checks of the lifts in the premises and monthly reviews of the fire doors and emergency lighting.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>A Legionella risk assessment had been completed on May 2018. Water testing was done on a weekly basis.</li> <li>The practice had completed a workplace review tool in June 2018 which included staff personal safety and security, staff facilities and health and safety.</li> <li>Regular meetings were held with the estate manager for the premises and the practice was able to access all risk assessments completed by the landlords on the day of inspection.</li> </ul>	

## 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:	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff completed the relevant infection control training for their role through the online training system in place. The practice had an infection control checklist in place to ensure staff were aware of their responsibilities in infection prevention.</li> <li>The landlords of the building were responsible for the infection control audits, however the practice assured themselves that the audits covered all aspects of their practice area. The landlords had an extensive programme in place for the management of infection prevention.</li> <li>The cleaners were contracted by the landlords. There was cleaning schedules in place and COSHH (The Control of Substances Hazardous to Health) risk assessments had been completed. We saw evidence of regular communication with the building owners to ensure any</li> </ul>	

actions they identified were acted on.

## Risks to patients

**There were gaps in systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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.	N
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff were trained to cover each other's roles to ensure continuity of duties in the event of staff absence.</li> <li>Non-clinical staff we spoke with told us they had not done sepsis awareness training and the practice were unable to provide evidence to confirm that training had been completed. Following the inspection we received evidence to demonstrate that staff had completed training relevant to their role.</li> </ul>	

## 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	Y

to deliver safe care and treatment.	
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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.04	0.84	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)	10.3%	7.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.33	5.13	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)	1.73	1.78	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national	Y

Medicines management	Y/N/Partial
guidance.	
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had processes in place to monitor stock levels and expiry dates of emergency medicines and vaccines.</li> <li>On the day of inspection as a safety net to monitor fridge temperatures, the practice had installed a data logger in the vaccine fridge.</li> <li>An audit completed by the practice showed 13 patients out of a total of 45 who were on high risk medicines required blood tests.</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.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was an open culture in which all safety concerns raised were valued. All staff were encouraged to report incidents.</li> <li>• Evidence provided by the practice showed four significant events had been recorded during 2018 and one for 2019.</li> <li>• We found the significant event policy needed reviewing to ensure it covered all possible risks.</li> <li>• Incidents were discussed during team meetings, however we found systems for learning from incidents needed strengthening to demonstrate actions and learning had been shared with the whole team to ensure risks were mitigated.</li> <li>• We were told that significant events were reported through the CCG safety management system, however the practice were unable to demonstrate events that had been submitted.</li> </ul>	

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

Event	Specific action taken
Cancer diagnosis	<ul style="list-style-type: none"> <li>• An urgent scan was organised.</li> <li>• Patient was advised of the diagnosis and care plan was discussed.</li> <li>• Clinical guidelines were followed appropriately.</li> </ul>
Aggressive patient	<ul style="list-style-type: none"> <li>• Discussed with team actions to take if this happened again</li> <li>• Patient spoken with by GP to advise of steps that will be taken if unacceptable behaviour continued.</li> <li>• Processes reviewed to ensure staff felt well supported during the incident.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial

Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Alerts received by the practice were reviewed by the clinical lead. We found the current system was not effective in ensuring all alerts had been received and acted on. The process for recording actions needed to be reviewed to ensure the practice had clear systems in place to demonstrate actions taken.</li> </ul>	



## Effective

## Rating: Good

We rated the practice as requires improvement for working age population groups, as screening targets were below local and national averages.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

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) <small>(NHSBSA)</small>	1.33	0.75	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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	59.0%	79.9%	78.8%	Variation (negative)
Exception rate (number of exceptions).	3.5% (11)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.2%	77.2%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.6% (5)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	70.4%	81.0%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.3% (7)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	82.4%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (7)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.3%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	0 (0)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.9%	83.1%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.6% (2)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	88.6%	90.0%	Variation (positive)
Exception rate (number of exceptions).	7.1% (1)	8.1%	6.7%	N/A

#### Any additional evidence or comments

- The practice demonstrated in-depth awareness of the practice populations such as the challenges regarding deprivation as well as ethnicity profiles and the implications of these.
- The practice prevalence for diabetes was 11.6% which was higher than the local and national averages. The clinical team had completed training to do insulin initiations and specialist diabetes clinics and to improve patients HbA1C the practice were working with the community diabetic team to offer regular blood monitoring and dietary advice.

## Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets, except for the MMR vaccine. Data provided by the practice showed four patients in the two year old age range had refused this vaccine, which had contributed to the lower than average result.
- The GPs carried out opportunistic vaccinations when children came to the practice. The GPs told us they encouraged patients to attend for their appointments and were aware of the cultural beliefs of their patients and did their utmost to explain the benefits of ensuring children were immunised.
- 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.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	42	44	95.5%	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)	36	40	90.0%	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)	38	40	95.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	35	40	87.5%	Below 90% minimum (variation negative)

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

## Population group rating: Requires Improvement

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The female GP carried out cervical screening and alerts were added to patients records to advise staff when patients were due an appointment. The practice carried out opportunistic screening when patients attended for appointments.

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)	54.5%	68.1%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	44.5%	63.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	33.7%	43.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	74.1%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	66.7%	52.0%	51.9%	No statistical variation

### Any additional evidence or comments

- The GPs wrote to patients to encourage them to attend screening appointments. Public Health Data for 2017/18 showed the practice had achieved 60% for cervical screening.
- The GPs wrote to patients who had failed to attend screening appointments to encourage them

to make another appointment. Data provided by the practice showed the practice had sent out 133 letters to patients who had failed to attend their bowel and breast screening appointments.

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

**Population group rating: Good**

#### **Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

### **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.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.3%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.9% (2)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	3.4% (1)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.9%	86.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	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)	525.8	545.3	537.5
Overall QOF exception reporting (all domains)	2.8%	6.1%	5.8%

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

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



- The practice had done a review of patients on high risk medicines to ensure they were receiving the appropriate monitoring and reviews. The audit demonstrated that there were 12 high risk medicines being prescribed to a total of 45 patients. On reviewing each medicine, 13 patients required blood tests. The practice had sent letters out to all of the patients to advise them that blood tests were required.
- Following NICE guidance, the practice had carried out an audit of patients who were on the atrial fibrillation register to identify patients who were on anti-coagulation therapy and under the age of 65 years, as recommendations showed this was not recommended for patients within this clinical indicator. The practice had 15 patients on the atrial fibrillation register and two patients were under the age of 65 years of age and on anti-coagulation medicine. In line with the recommendations, the GP reviewed each patient and stopped the medicine.

#### Any additional evidence or comments

The practice had done a review of patients who received a bowel cancer screening kit in the past 2 years.

The review showed 19 patients had been sent a letter to advise them to request a kit and submit a sample and two patients had responded. Of these two patients, one patient had completed the test and the other had failed to return the kit.

The practice had implemented a system to follow up on patients who had not attended screening or who had not acted on requests for samples, by directly writing to each patient to advise them of the benefits of completing the screening process.

#### 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.	Partial
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.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y



Explanation of any answers and additional evidence:

- Appraisals had been completed for all staff and a review of staff training needs had been completed. The practice had a programme of training staff had to complete, however we found some of the clinical staff had not completed their mandatory training modules. For example: the female GP's cervical cytology training was not up to date. During the inspection the GP completed online training and also reserved a place in July on the next local cytology training for further updates.
- The practice had no staff employed in advanced clinical roles. The GPs were supported by a health care assistant.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We saw evidence to support that regular multidisciplinary meetings took place with community nursing teams. Palliative and end of life care was discussed in these meetings in addition to vulnerable adult patients and patients with complex care needs.</li> <li>• The practice had no online services at the time of inspection. We were told by the management team that there was a plan in place for this service to commence on 30 May 2019. We saw evidence to confirm that this service was planned to start on this date.</li> </ul>	

## 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>	98.4%	96.1%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.7% (4)	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.	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: Requires Improvement

We rated the practice as requires improvement for providing caring services as the practice were unable to demonstrate they had considered patients' views on the services provided.

### 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.	45
Number of CQC comments received which were positive about the service.	42
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	Patients who completed CQC comment cards felt that staff were very friendly, helpful and willing to listen to their concerns. Staff were described as caring, always willing to help; pleasant and respectful. Comments recorded on NHS Choices were aligned with views.
Patients	Patients we spoke with during our inspection felt both clinical and non-clinical staff were very supportive, understanding and listened to their views.

## 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
2858	412	67	16.3%	2.34%

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)	70.2%	87.9%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	72.2%	86.0%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	88.2%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	60.5%	81.6%	83.8%	Variation (negative)

### Any additional evidence or comments

- The practice were aware of the low satisfaction scores and attributed this to the diverse population registered at the practice who did not speak English and the limited number of patients who had completed the survey.
- The practice told us they planned to do a patient survey to gather feedback, however at the time of inspection this had not been started.
- The comment cards we received and patients we spoke with, told us that the GPs and staff were caring, attentive and was good at listening.

### Question

Y/N

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

N

### Any additional evidence

The practice told us they had plans to carry out an inhouse survey this year.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice staff spoke a range of Asian languages to support the patients. Data from Public Health England showed 67% of patients registered at the practice were from an Asian background.	

Source	Feedback
CQC Comment Cards	Patients told us that the GPs were very caring and supportive.
Interviews with patients.	Patients we spoke with told us that the GPs and staff were very caring and did their utmost to ensure patients had a clear understanding of their conditions. PPG & Patient interviews Members of the PPG group and other patients who provided feedback explained that the patient population was very diverse and demanding; however, felt that the practice staff responded positively to the demands and all staff went above and beyond to meet patient's needs.

### 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)	85.8%	92.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Many of the practice staff spoke a range of Asian languages which supported the practice population.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had 46 carers on their register. This represented 1.6% of the practice population. The practice had seen an increase in the number of carers on the register since the last inspection where we found eight carers were recorded.
How the practice supported carers.	The practice provided patients and carers with various information regarding support services. The carers notices were on display in the reception area. Staff we spoke with explained that carers were provided with advice; offered flu vaccinations and health checks.
How the practice supported recently bereaved patients.	<p>If families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>The practice was aware of the religious beliefs of their population and were able to offer advice in a range of Asian languages to support the large number of Asian patients registered at the practice.</p>

## 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: Requires Improvement

We rated the practice as requires improvement for providing responsive services as the national patient survey data was below local and national averages for a range of indicators and the practice were unable to demonstrate they had taken action to improve patient satisfaction, this affected all population group ratings.

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice were unable to demonstrate they had considered the impact on patients' with the reduction of sessions with the male GP.</li> <li>The practice was situated on the first floor of the health centre. Lift access was available for patients who had mobility difficulties.</li> <li>The practice had access to wheelchairs for use on site for patients who required them.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	Telephone lines: 8am to 6.30pm Reception open: 9am to 6.30pm
Tuesday	Telephone lines: 8am to 6.30pm Reception open: 9am to 6.30pm
Wednesday	Telephone lines: 8am to 6.30pm Reception open: 9am to 6.30pm
Thursday	Telephone lines: 8am to 6.30pm Reception open: 9am to 6.30pm
Friday	Telephone lines: 8am to 6.30pm



	Reception open: 9am to 6.30pm
Appointments available:	
Monday	9am to 12.10pm / 4.30pm to 6pm
Tuesday	9am to 12.10pm / 4pm to 6pm
Wednesday	9am to 12.20pm / 4pm to 5.30pm
Thursday	9am to 12.10pm / 4pm to 6pm
Friday	9am to 12.10pm / 4pm to 6pm
Extended Access:	Appointments were available at the local hub from 6.30pm to 8pm Monday to Friday, 9am to 1pm Saturday and Sunday.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2858	412	67	16.3%	2.34%

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)	72.7%	94.5%	94.8%	Significant Variation (negative)

## Any additional evidence or comments

- The male GP was only available one session a week to see patients. Patients who required a male GP would be required to book in advance.
- The CQC comment cards received and patients who spoke with on the day of inspection highlighted the care and treatment received. All comments were positive about the GPs and staff and the care and attention they were given on attending appointments.

## Older people

## Population group rating: Requires Improvement

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Members of the clinical team explained, diabetes prevention and early intervention work as high on the practice agenda due to having large proportion of Asian patients. The practice was working with the community diabetes team for newly diagnosed diabetics for blood monitoring and structured dietary advice.

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

## **Population group rating: Requires Improvement**

### **Findings**

- Appointments were available until 7pm on Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice ensured that all the children under the age of five would be offered a same day appointment.
- Antenatal and post-natal checks were carried out at the practice with midwife support.

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

## **Population group rating: Requires Improvement**

### **Findings**

- The needs of this population group had been identified and the practice were in the process of adjusting their services to ensure these were accessible and offered continuity of care.
- The practice was having online access installed on 30 May 2019 to offer more choice and flexibility to patients.
- The practice was open until 7pm on a Monday. 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 Monday to Friday 6.30pm to 8pm and Saturday and Sunday 10am until 1pm.

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

## **Population group rating: Requires Improvement**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless

people and those with a learning disability.

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice maintained a carers register and the practice used this information to target and offer annual flu vaccinations.

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

## Population group rating: Requires Improvement

### 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.	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

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)	52.7%	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)	30.5%	63.1%	68.6%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
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)	33.7%	63.4%	65.9%	Variation (negative)
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)	50.8%	70.2%	74.4%	Tending towards variation (negative)

#### Any additional evidence or comments

<p>The practice had implemented an action plan to improve access. This included:</p> <ul style="list-style-type: none"> <li>• Increase in practice opening hours. Surgery now open for one hour extra in the morning and one hour extra in the evening. Half day closure was stopped on a Wednesday.</li> <li>• Increase in consultation times by one hour per day, with half an hour increase of session times for both morning and evening sessions.</li> <li>• Introduction of telephone triage with three telephone triage appointments added to the morning session.</li> <li>• Provision of evening and weekend appointments through the local federation</li> </ul> <p>The practice had increased telephone access with the telephone lines being available from 8am, instead of 9am previously. Appointments were available to be booked from 9am. The reception desk opened at 9am. The practice tried to divide the number of appointments available each morning between patients calling on the phone and those that came into the practice.</p> <p>The practice had not carried out an inhouse survey to gather patient feedback on the increased telephone access and were unable to demonstrate if patients' satisfaction had improved.</p> <p>Online access was not available on the day of inspection, but the practice were having this implemented on 30 May 2019, which would reduce the number of patients trying to access the service by telephone.</p>
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Source	Feedback
CQC Comment Cards	We received three comment cards which highlighted the difficulty in accessing the practice by telephone and getting suitable appointments.
Patients	Patients we spoke with told us that at times there was some difficulty in getting through to the practice.
NHS Choices	<p>The practice had a 2.5 star rating out of 5, based on five reviews. Some of the reviews commented on the difficulty accessing the service by telephone and trying to get an appointment during the morning.</p> <p>The practice had not replied to any of the comments.</p>

## 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.	0
Number of complaints we examined.	0
Number of complaints we examined that were satisfactorily handled in a timely way.	0
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.	N
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice told us that they had received no complaints either written or verbal in the past twelve months, but we saw evidence of two compliments that had been received, which had been discussed with the team.</li><li>• Any complaints received were managed by the practice manager and GP and we saw a policy in place to support staff when patients wanted to complain. A complaints leaflet was also available.</li></ul>	

## Well-led

## Rating: Requires Improvement

We rated the practice as requires improvement for providing well led services as governance arrangements required strengthening to ensure risks were mitigated and the practice strategy demonstrated sustainability.

### 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	Partial
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 practice team were aware of the challenges faced within the local community. The providers had a strategy to respond to these challenges, however we found the practice had not considered the impact on the clinical team with the reduction to one session a week of the male GP.</li><li>Staff we spoke with explained that the management team were visible and approachable. Staff described the practice team as a family and very supportive.</li></ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>The practice told us they had a vision to continuously promote healthy lifestyles and behaviours reducing health inequalities whilst engaging with patients and communities in supporting their own care and shared care models.</li><li>The GP provider had changed from a single handed provider to a partnership, however we found the male GP had reduced his clinical sessions to one session a week to see patients and one session for childhood immunisations. The practice were unable to demonstrate that their</li></ul>	

vision prioritised sustainability and delivery of their strategy was being monitored.

## Culture

### The practice had a culture which drove 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

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

Source	Feedback
Staff	Staff we spoke with told us that the GPs and managers were very supportive and approachable.

## 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had some governance processes in place but these required strengthening to ensure all risks were mitigated. For example: the safeguarding register needed updating to ensure children identified as at risk were monitored effectively.</li><li>• Staff training was not monitored to ensure staff were up to date with training relevant to their role. For example: cytology updates and sepsis awareness.</li><li>• The significant event policy required reviewing to ensure all possible risks were identified and actions were clearly discussed with the team to mitigate further risks.</li></ul>	

## Managing risks, issues and performance

### There were some processes for managing risks, issues and performance.

	Y/N/Partial
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There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a business continuity plan in place. The practice had tested the plan in May 2019 due to an alert that had been received concerning computer applications.</li> <li>The practice had acted on the loss of computers section of their plan to ensure it was fit for purpose. The outcome showed that the current procedures in place were effective if computer access was lost. The results of the test were minuted and discussed with staff.</li> <li>The provider had arrangements in place for identifying and managing risks, however these required strengthening to ensure learning was shared amongst the team to mitigate future risks.</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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had systems in place to manage risk, but the process did not demonstrate clearly actions and learning.</li> </ul>	

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

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

	Y/N/Partial
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Patient views were acted on to improve services and culture.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had a patient participation group (PPG) who met once a year. The practice had an action plan in place to try and improve patient survey results around access and this included more engagement with the PPG to three meetings a year.</li> <li>The practice had reviewed the results of the National Patient survey; but attributed the low score to the diverse population registered at the practice and the low uptake rate. The practice had not implemented an inhouse survey to gather patient satisfaction and monitor the effectiveness of the plan they had commenced.</li> <li>The practice had some contact with stakeholders including the CCG, district nursing team and the health visiting team.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
During the inspection we met with three members of the patient participation group. They told us the staff and GPs were very approachable and at the yearly PPG meeting, the GPs updated the group on change and asked for their ideas on how to improve services.

## Continuous improvement and innovation

**There were 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

Examples of continuous learning and improvement
<ul style="list-style-type: none"> <li>The practice had made improvements to the care of patients with diabetes, by working with the local community diabetic team.</li> <li>The practice had proactively sent letters out to patients to encourage them to attend cancer screening appointments.</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.