

Care Quality Commission

Inspection Evidence Table

Addison House - Haque Practice (1-547153787)

Inspection date: 30th July 2019

Date of data download: 09 July 2019

Overall rating: Good

The practice was previously inspected on 4 June 2018. At that time, the practice was rated as good overall, with safe rated as requires improvement. This was because not all patients prescribed lithium had been reviewed to ensure that this was safe and the system to manage patient safety alerts was not effective. There was no record of clinician’s immunisation against measles, mumps and rubella (MMR) nor varicella. We said that the practice should continue to monitor antibiotic prescribing and exception reporting.

We rated the practice as requires improvement for providing effective care for working age people (including those recently retired and students). This is because data continued to be low in respect of cervical cancer screening.

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

Safe

Rating: Good

The practice is now rated as good for providing safe services. Systems are in place to manage patient safety alerts and review patients prescribed lithium and other high-risk medicines.

The practice should continue to make improvements to antibiotic prescribing.

Safety systems and processes

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: There were now systems to record clinician’s immunisation status against measles, mumps and rubella and varicella.	

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)	1.24	1.01	0.88	Tending towards variation (negative)
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)	9.7%	10.1%	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)	7.62	6.19	5.61	Variation (negative)
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)	1.27	1.56	2.07	No statistical variation

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> More recent data was not available from the practice in relation to Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). The practice was aware that improvements were required and had completed an analysis of performance. This identified that prescribing of these antibacterial items had improved when compared to the same period in 2018. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> • More recent data was not available from the practice in relation to the 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. Over time, there had been an upward trend in prescribing these antibiotics. <p>The practice had employed a pharmacist who had reviewed antibiotic prescribing. Antibiotic prescribing had been discussed at clinical meetings. It was believed that the reason for the higher antibiotic prescribing was due to the number of patients with complex needs who lived in a large care home. Further, it was explained that whilst the practice issued patients with a delayed prescription and advised patients to only collect medicines if their condition worsened, as these were electronically generated and sent to the pharmacist, these prescriptions would still adversely affect the practice's the data.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p data-bbox="57 407 807 443">Explanation of any answers and additional evidence:</p> <p data-bbox="57 459 1513 566">The practice had implemented an effective system to manage patient safety alerts: when these were received, these were emailed to clinicians for their immediate attention. Alerts were then added to a spreadsheet and affected patients were identified and recalled as required.</p> <p data-bbox="57 622 1513 801">At our previous inspection, we found that patients of child bearing age who were prescribed sodium valproate had not been contacted and reviewed following a MHRA alert raised initially in 2015. Further, patients prescribed Gabapentin had not been reviewed following an alert raised in October 2017. At this inspection, we saw evidence to confirm that relevant patients had been identified, recalled and reviewed as required.</p>	

Effective

Rating: Good

The practice is rated as good for providing effective services, although we rated the practice as requires improvement for working age people (including those recently retired and students). This is because data continued to be low in respect of cervical cancer screening.

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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) (NHSBSA)	0.55	0.57	0.77	No statistical variation

Older people

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.
- 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: Good

Findings

- 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.
- 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were advised how to monitor their own blood pressure at home.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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>	70.0%	75.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.1% (117)	14.3%	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>	71.2%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	18.8% (137)	11.4%	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) <small>(QOF)</small>	70.6%	77.1%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	15.3% (111)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.5%	72.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	8.0% (58)	8.4%	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) <small>(QOF)</small>	92.5%	89.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.0% (28)	15.3%	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)	79.2%	81.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.2% (135)	4.7%	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)	79.9%	90.3%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.5% (4)	5.2%	6.7%	N/A

Any additional evidence or comments

- Higher rates of exception reporting were identified in relation to 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 and 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; however on review, exception reporting for both of these indicators had improved since the previous year from 26.5%, as had performance for these indicators generally.
- Higher rates of exception reporting were identified in relation to 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; however, again there had been improvement in exception reporting since 2017/18, when exception rates 24.7%, although performance for 2016/17 remained similar to that of 2017/18.
- A tendency towards a negative variation was identified in relation to patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more who were treated with anticoagulation drug therapy. Again, performance and exception rates had improved when compared to 2016/17. Exception reporting had reduced from 4.3% in 2016/17 to 2.5% in 2017/18.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) 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.

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)	230	242	95.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	199	223	89.2%	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)	199	223	89.2%	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)	198	223	88.8%	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>

Any additional evidence or comments
<p>2018/19 date unverified data showed that improvements had been made: -</p> <p>The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) was between 92% and 95%.</p> <p>The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) was between 90% and 93%.</p> <p>Recent data was requested in respect of the percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) but was not supplied.</p>

Working age people (including those recently retired and students)

Population group rating: Requires improvement

We rated the practice as requires improvement for working age people (including those recently retired and students). This is because data continued to be low in respect of cervical cancer screening.

Findings

- Data continued to be lower than average in respect of cervical cancer screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	59.8%	74.2%	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)	62.9%	71.8%	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)	46.0%	55.6%	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)	55.0%	63.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	40.0%	49.9%	51.9%	No statistical variation

Any additional evidence or comments

2018/19 data showed that 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) ranged between 56% to 69% and therefore, the practice continued to be performing below average.

With a view to making improvements, the practice had invited members of the immunisation and screening team from public health to review the practice's systems and identify where improvements could be made. Following the visit in February 2019, a report was issued which confirmed the systems

that were in place.

Additional clinics had been run on a Saturday morning with a view to improving performance, although uptake continued to be lower than average. The practice explained that they believed the low data was due to the number of transient and housebound patients within the practice population as well as the closure of a local sexual health clinic.

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: 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.
- 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 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	92.1%	89.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	13.6% (18)	15.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.5%	87.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (12)	12.5%	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)	85.1%	81.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (4)	8.4%	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)	540.7	529.9	537.5
Overall QOF score (as a percentage of maximum)	96.7%	94.8%	96.2%
Overall QOF exception reporting (all domains)	10.1%	5.8%	5.8%

	Y/N/Partial
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- A two-cycle audit had been completed into gestational diabetes in 2016 and 2017. This evidenced patient review and quality improvement.
- The pharmacist regularly carried out searches and reviews of patients with a view to ensuring that medicines were prescribed safely. These included high risk medicines and those that were the subject of patient safety alerts. Patients were recalled and reviewed as required.
- An audit of home visits had been undertaken in 2019 to check the practice's compliance with their home visiting policy.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice had implemented an expert diabetic patient programme which was a forum for anyone who had been recently diagnosed with diabetes. This was facilitated by the district diabetic nurse and the dietician.	

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)	93.3%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.3% (33)	1.0%	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

Policies for any online services offered were in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a template to assist clinicians in obtaining consent and assessing Gillick competency.</p>	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

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

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice was in the process of merging with another practice in the locality. They had involved other stakeholders to schedule the various stages of the transition and inform the process generally. Some systems had already been implemented to share patient information, and the practice continued to review processes to ensure compliance with Information Governance legislation. Staff that we spoke with were knowledgeable about how the merger would affect them and spoke confidently about their roles moving forward. There had been a recent meeting of staff from both practices to promote good working relationships.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff	Staff told us of specific occasions when they were supported by the management, be these during challenging circumstances, be these professional or personal. They felt valued, supported and involved. They were looking forward to the upcoming merger and talked enthusiastically about their involvement in facilitating the process and how they anticipated that this would benefit patients.
Practice Manager	When the practice identified that change was needed to ensure better working relationships, additional reception staff were recruited and working patterns were changed.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

Staff knew who to contact in the practice should they have queries or concerns. Policies were reviewed annually or when updates were required.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had worked with other stakeholders to review and improve exception reporting and QOF performance. Whilst some negative variations had been identified by inspectors, we found that exception reporting had improved since our last inspection, and most indicators were on an upward trend.</p> <p>It had been identified that cervical screening uptake was low and there was yet to be evidence of improvement; however, the practice continued to review systems and take action with a view to making progress; these included inviting public health colleagues to review systems and offering extended opening hours to patients. When we spoke with nursing staff, we found that they had implemented comprehensive policies and procedures yet despite this, performance remained low.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection, we said the practice should continue to review and improve patient feedback around access and the treatment provided by the nursing team.</p> <p>The practice completed their own patient survey annually. The survey for 2019 commenced in April 2019. There had been 29 responses:</p> <ul style="list-style-type: none"> - 64% of patients said that the nurse was very good or good at giving them enough time. 24% of patients indicated that this was satisfactory and 12% did not indicate a response. - 68% of patients said that the GP was good at giving them enough time. 27% of patients indicated that this was satisfactory and 5% did not indicate a response. - 68% of patients said that the nurse was good or very good at listening to them. 20% of patients indicated that this was satisfactory and 12% did not indicate a response. - 75% of patients said that the GP was good or very good at listening to them. 17% of patients indicated that this was satisfactory and 8% did not indicate a response. <p>Since the previous inspection, the questions in the GP Patient Survey have changed and therefore, direct comparisons cannot be made. However, in the most recent survey data published in July 2019, patients continued to raise concern about the care provided by healthcare professionals. There were 118 completed surveys returned:</p> <ul style="list-style-type: none"> - 73% of patients said the last healthcare professional they saw or spoke to was good at giving them enough time during their general practice appointment compared to a local average of 86% and national average of 87% - 71% of patients said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment, compared to the local average of 86% and national average of 87%. - 77% of patients said the healthcare professional they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 87%. <p>As these results had only been published in the days prior to our most recent inspection, the practice had yet to implement an action plan, although we saw evidence to confirm that the results had been raised at a recent practice meeting and actions were scheduled to be discussed soon.</p> <p>Data in relation to accessing services by telephone and making an appointment were in line with local</p>	

averages.

Friends and Family feedback was positive and regularly reviewed and analysed by the management team.

Feedback from Patient Participation Group.

Feedback

The patient participation group were active and kept up-to-date about changes in the practice. They felt valued and explained that their meetings were attended by the lead GP and practice manager. They told us that the patients that they represented were happy with the services that were being delivered and that the clinical and non-clinical team were all very good.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a detailed meeting structure which included all members of the practice team and external health professionals. Meetings were minuted and there were standardised matters on the agenda, such as significant events and complaints. There were systems to review complaints and significant events, and learning was identified and shared accordingly.</p> <p>There were positive relationships with other healthcare professionals, such as the community matron, health visitors, care co-ordinator, school nurse, community psychiatric nurse, social workers, palliative care nurses and physiotherapists, for example.</p> <p>The practice conducted a weekly ‘ward-round’ at the local care home, which was also regularly attended by the community nurse. There were positive relationships with the community nurse and the practice had mentored them through their prescribing course.</p>	

Examples of continuous learning and improvement

The practice had identified the challenges within the practice population and was working with the CCG and other shareholders with a view to meeting the needs of an expanding and complex practice population. They continued to act to improve data in relation to QOF and exception reporting. There was now a regular clinical pharmacist in post and patient safety alerts and patients prescribed high-risk medicines were being monitored.

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.