

Care Quality Commission

Inspection Evidence Table

Cranleigh Medical Practice (1-546036704)

Inspection date: 7 August 2019

Date of data download: 16 July 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: Policies and procedures to safeguard vulnerable patients at the practice were easily available to staff. Clinicians reviewed children who failed to attend appointments. There were regular meetings with the practice and community staff to discuss vulnerable patients and ad-hoc communications with community services was good. All vulnerable children and adults were indicated on the practice patient electronic health record system and reviewed routinely at multidisciplinary meetings. We saw staff had good knowledge of safeguarding issues and referred appropriately to safeguarding services. The practice staff had a good knowledge of vulnerable patients.	

Recruitment systems	Y/N/Partial
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 if relevant to role.	P
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw clinical staff were up to date with their membership of professional bodies, and medical indemnity. Vaccination status was not available at the time of the inspection and managers did not have an up-to-date overview of this. We were sent the missing evidence following our inspection.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: August 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: October 2018</p>	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
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: November 2018</p>	Y
There was a log of fire drills.	Y
<p>There was a record of fire alarm checks.</p> <p>Date of last check: completed weekly</p>	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
<p>A fire risk assessment had been completed.</p> <p>Date of completion: February 2019</p>	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
<p>Premises/security risk assessment had been carried out.</p> <p>Date of last assessment: January 2019</p>	Y
<p>Health and safety risk assessments had been carried out and appropriate actions taken.</p> <p>Date of last assessment: January 2019</p>	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: January 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was a designated lead for infection control within the practice. The physical environment including chairs, floors, walls and curtains were clean and maintained in good condition. There were two designated room for storage of cleaning equipment. There were handwashing facilities, including automated taps, liquid soap and paper towels in each of the clinical rooms as well as antimicrobial sanitising gel available for use by clinical staff.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
<p>Explanation of any answers and additional evidence:</p> <p>There was a comprehensive protocol in place for the management of patient test results. We saw all test results were dealt with in a timely way.</p> <p>There was a comprehensive system in place for the management of patient urgent two-week-wait referrals.</p> <p>The practice conducted quarterly audit of all frail elderly patients, who were classified as red amber or green depending on their health and social status. Patients who had not been seen for some time, or where information indicated they were becoming more frail, were offered early interventions.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.81	0.84	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)	7.7%	9.9%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.44	5.77	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)	1.64	1.66	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 guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y

Medicines management	Y/N/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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
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
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> <p>Prescriptions were securely locked away when entering the practice and tracked through the practice to monitor their safe use.</p> <p>We saw checks were made to keep people safe when a prescription was being collected.</p> <p>Temperature control was monitored daily to maintain medicine safety in the fridges.</p> <p>The practice pharmacist had set up templates to aid safe prescribing and monitoring of medications such as high risk medicines. Regular searches were completed to ensure patients were having the right blood tests and monitoring. They liaised with GPs, patients, consultants and community pharmacists as needed. They also ensured that shared care protocols were in place prior to GPs taking over prescribing responsibility from secondary care.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	13
<p>Explanation of any answers and additional evidence:</p> <p>The practice protocol for the recording and management of significant incidents in the practice was comprehensive. Staff we spoke with were aware of incidents that had happened and reported discussion and learning from them. All events were stored centrally for staff reference. Communications with affected patients demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour.</p>	

Example of a significant event recorded and actioned by the practice.

Event	Specific action taken
Incorrect records sent in deduction	Investigated and found a letter from another patient in with notes. Discussed with both patients involved. It was determined that this had been scanned in 2005 (which was when the error had occurred) and systems are now very different. There are safety nets in place to stop incorrect records going onto patient records.

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>Explanation of any answers and additional evidence:</p> <p>We saw that the practice was receiving safety alerts and was acting appropriately to ensure patients were identified and actions taken. We also saw that the information relating to these alerts were shared with the full clinical team.</p>	

Effective

Rating: Good

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
<p>Explanation of any answers and additional evidence:</p> <p>Records we checked showed annual long-term conditions and mental health review management was monitored to ensure patient outcomes improved.</p> <p>Patients where possible were able to speak with their own GP or were able to choose a different GP for specific problems. For example, a GP with a specialist interest.</p> <p>The practice had invited local consultants to give talks and update the practice on different areas.</p> <p>The practice held daily meetings for all clinicians to discuss difficult cases and discuss ideas.</p> <p>Weekly meetings for the nursing team and duty team were held to review best practice and draw up and implement management pathways for particular illnesses.</p> <p>The practice had data sharing agreement set up with other local organisations.</p> <p>The practice was able to send test results to patients via text message.</p>	

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)	1.08	0.97	0.77	No statistical variation

Older people

Population group rating: Good

Findings

The practice could identify older patients who were living with moderate or severe frailty through a variety of sources including a clinical tool, GP knowledge, or through the virtual ward meetings. These patients were offered a 30 minute appointment with a family member or carer for a full assessment of their physical, mental and social needs. Assessments often generated a PACE care plan which is a comprehensive holistic document of the patient's health, and their wishes for further treatment. With the patient's permission this was uploaded to the ambulance service and out of hours Doctors. A copy of the plan is also kept at the patient's home, and can be accessed from A&E through the practice computer system.

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 liaised with the local community matron and the frailty lead to discuss all patients on a virtual ward.

The practice held a weekly meeting with the frailty lead GP, community matron and care coordinator to discuss around 30 to 40 patients on a virtual ward. Discussion about individuals could result in liaison with a range of other providers. For example, in-reach GP at Royal Surrey County Hospital, social prescriber and voluntary services such as the Day Centre and Age UK. (The Virtual ward included patients recently discharged from hospital, recent admissions, patients who had contacted SECAMB, patients who had been seen in A+E, patients who had been inpatients for 10 days or more, patients in community beds and any patients that team members had concerns about).

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. This was either through flu clinic, opportunistically or "walk-in get one" basis to maximise uptake.

Chronic health reviews were streamlined, so that several annual reviews for different diseases could be done during one visit to the practice.

The care coordinator had developed a leaflet for older people and their carers outlining all the available local services. This could be printed, found on the website, or texted to carers.

The practice had clear signage around the building which was high contrasting colours and pictures on the signs. For example, the toilet.

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 offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Patients with asthma were offered an asthma management plan.

Patients with atrial fibrillation were tested using a specialised device and where any abnormalities found these were sent to cardiologists.

The practice and local pharmacies were joint working to screen for hypertension and atrial fibrillation.

A lead GP was trained in spirometry and reviewed each spirometry tracing done with the respiratory nurse, to ensure correct interpretation and onward patient management (spirometry measures lung function, specifically the amount and/or speed of air that can be inhaled and exhaled. Spirometry is helpful in assessing breathing patterns that identify conditions such as asthma, pulmonary fibrosis, cystic fibrosis, and Chronic Obstructive Pulmonary Disease (COPD).

The practice had an independent specialist respiratory nurse to help with annual asthma and COPD reviews.

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)	82.8%	82.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.9% (91)	13.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	72.8%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.7% (90)	12.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	77.8%	80.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.4%(101)	17.0%	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)	74.2%	76.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.7% (41)	7.5%	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)	85.6%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.1% (12)	13.2%	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)	82.3%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.1% (108)	5.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.8%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (23)	7.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The practice contacted the parents or guardians of children due to have childhood immunisations. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Young people could access services for sexual health and contraception.

Staff had the appropriate skills and training to carry out reviews for this population group.
The practice held a PACESETTER award in recognition of investment in children and young people.

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)	129	139	92.8%	Met 90% minimum
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)	142	154	92.2%	Met 90% minimum
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)	143	154	92.9%	Met 90% minimum
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)	141	154	91.6%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Patients had access to appropriate health assessments and checks 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.

Patients could access appointments until 8pm week days and weekend appointments through a local hub of GPs.

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)	73.6%	72.8%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.6%	73.1%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	60.4%	59.4%	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)	77.3%	75.6%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	58.2%	44.1%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

Same day emergency appointments were offered with the duty team. 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.

The practice looked after young patients at a residential unit for young people with severe learning disabilities.

Vulnerable patients were discussed at meetings, so that additional support could be accessed if required. Patients could be signposted to voluntary groups who could offer further support.

Staff had been trained to recognise signs of abuse and were aware of their responsibilities and how to liaise with the relevant agencies.

Patients with a learning disability were offered appointments at less busy times (the beginning of afternoon surgery). Appointment letters were also easy read and showed a clock face next to the words stating what time the appointment was.

The practice held monthly safeguarding meetings to discuss adult safeguarding issues, and patients who had complex needs.

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.

The practice could refer patients to various talking therapy providers. Patients could also self-refer to these services.

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) <small>(QOF)</small>	92.6%	91.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.8% (14)	14.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.1%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (8)	12.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.6%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (4)	4.9%	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)	551.3	547.7	537.5
Overall QOF score (as a percentage of maximum)	98.6%	98.0%	96.2%
Overall QOF exception reporting (all domains)	5.2%	5.3%	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
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 the past year

<ul style="list-style-type: none">Several audits had been undertaken which had resulted in changes to clinical management and medicines for individuals, in line with guidance.
<ul style="list-style-type: none">Examples of audits completed, Cervical Screening Audit, The Initial Assessment of Atopic Eczema among Children in a Primary Care, patients on the CKD register aged 50-59 having an annual BP measurement, urinary tract audit, joint injection audit, non-alcoholic fatty liver disease and monitoring of high risk medicines.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had trained GP Registrars, FY2 Doctors, paramedics needing a community placement; physicians assistants and student nurses. Training programmes were planned, with all trainers involved, through the creation of an in house CMP University. The practice had also trained their minor illness nurses and paramedic.</p> <p>The practices paramedic and pharmacist had completed training to become prescribers.</p> <p>Staff were supported to develop, learn and progress within the practice. For example, some patient service advisors had been trained to be secretaries or phlebotomists. The operations manager was undertaking management training. We also noted that some GP Registrars had become salaried GPs and then progressed to partner.</p>	

Coordinating care and treatment

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

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

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff encouraged patients to use the self-monitoring machines found in the waiting areas to assess their weight, BMI and blood pressure.</p> <p>Staff used recognised tools to identify vulnerable patients and referred to both health and social care services as needed.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.6%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (27)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.</p> <p>The practice was aware of and complied with the new General Data Protection Regulation (GDPR).</p>	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with told us they knew their patients well and we heard staff greet patients attending the practice personally and respectfully.</p> <p>Patients were given the time required during appointments and the practice had moved to 15 minute appointments to help with this. The practice ensured the patients welfare was looked after while in the building which included access to drinking water.</p> <p>The practices ethos was "Patients come first" and staff felt that they treated patients with compassion and cared for them as though would wish themselves and their families to be cared for.</p>	

CQC comments cards

Total comments cards received.	41
Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	10
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment Cards	Patient's comments were positive about how the practice had supported them. We saw comments that all staff were caring, considerate, received a high standard of care, excellent, friendly and understanding. Patients said they were treated with kindness and respect. The ten mixed comments we received commented that there was sometimes a long wait to access appointments with their preferred GP.
NHS Choices	We noted there were a high number of positive comments about the level of service and patient care.
Share your experience	We also received two share your experience comments after the inspection from patients. These indicated that they had received good care and were happy with appointments and the care that they and their family received.

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
15947	265	120	45.3%	0.75%

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)	87.9%	93.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	85.3%	91.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.2%	97.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.1%	89.9%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.1%	96.1%	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
<p>Explanation of any answers and additional evidence:</p> <p>Staff at the practice were able to speak other languages and there was a telephone translation service if needed.</p> <p>The practice had an iPad at front reception that could be used for translation purposes if required. There was also a portable hearing loop which can be used anywhere in the building. Letters for patients with reduced vision could be printed in large font. Individual patient records were marked with their preferred method of communication where appropriate.</p> <p>The practice was able to send information, with the patient's permission, via text to patient's phones rather than it being printed.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 540 patients who were carers (3.4% of practice population)
How the practice supported carers (including young carers).	<p>The practice computer system alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. Information, in relation, to what would happen to the person they were caring for if they themselves should be ill was recorded and shared with the ambulance service and out of hours doctors where appropriate.</p> <p>The practice was able to offer a percentage of carers a carers respite payment through Surrey Independent Living Council.</p> <p>The care co-ordinator identified young carers and could signpost them into support services.</p>
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.

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
<p>Explanation of any answers and additional evidence:</p> <p>Telephones were answered separately from the reception desk and any conversations could not be overheard. Staff we spoke with told us they were always available to listen to any patient who was distressed or needed to discuss a sensitive issue and would find a quiet room for this if necessary.</p> <p>The practice had a policy on how to enter a clinical room to protect patient's dignity and a clear desk policy which staff adhered to.</p>	

Responsive

Rating: Good

The practice had previously been rated as outstanding in the responsive domain and for the older population and is now rated as good. This does not indicate a decline in the responsive care being provided. As general practice has improved over time and previous outstanding practice has been incorporated into more standard care, what was previously considered outstanding has not remained so.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice monitored the daily and weekly lists for patients who had attended A&E. This also included admissions, discharges and unplanned attendances. Where issues were identified, these were reported back to the CCG, the hospital and community services as appropriate, to effect change and aid development of the service provision at a higher level. These themes were picked up and discussed at the bimonthly frailty forum.</p> <p>All of these patients were called by the practices' care co-ordinator and where necessary blood tests and or review appointments booked. The care co-ordinator also reviewed any additional support the patient needed. This could include being sent information about falls prevention, referrals to district nurses, physiotherapists or social prescribing. These patients were also discussed at a weekly meeting with the care co-ordinator, the lead GP and the community matron to ensure that the patient was receiving the care required.</p> <p>Patients were able to use e-consultations which enabled them to consult with their GP online.</p> <p>The practice had employed two new part-time salaried GPs in response to new housing developments and were actively recruiting to the admin team to provide an appropriate level of support. The patient participation group had delivered practice information leaflets to the new developments.</p>	

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Any additional evidence or comments	
<p>The practice had started running lunchtime nurse, minor illness and pharmacist clinics.</p> <p>The practice was also part of a federation of GP practices that offered extended access. Appointments were available on weekday evenings between 6pm and 8pm, on Saturdays between 8am and 12pm, and on Sundays 10am until 2pm. The appointments took place at two separate 'hubs', one in Guildford, at Fairlands Medical Centre, and one in Waverley, at Binscombe Medical Centre.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15947	265	120	45.3%	0.75%

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)	95.0%	96.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

All older 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. The practice also had a care coordinator who would contact patients after discharge from hospital. The care coordinator could arrange appropriate GP and multidisciplinary team reviews and patients could call this person directly.

The practice offered 30 minute proactive elderly care appointments which allowed time for emotional support of carers as well as the patient.

The practice could signpost patients to local support groups.

Patients could receive text message appointment reminders.

The practice held weekly proactive care meeting with a lead GP, care coordinator and community matron to discuss patients on a virtual ward. This meeting also picked up on trends which may be adversely affecting patient care. For example, delays in discharge letters, a tendency to early

discharge, lack of rapid response availability.

The practice recommended to patients, where appropriate, to attend a fall prevention class and the practice had the highest uptake of patients attending in the Guildford and Waverley area.

The practice used ReSPECT forms (ReSPECT forms record information which is available to professionals who may need to make immediate decisions about that persons care and treatment in a crisis).

The practice also used PACe forms (Proactive Anticipatory Care Plan or Personalised Care Management Plan) - 86% of patients had a care plan in place when they died, compared to 36% nationally. Admissions to hospital in last 90 days of life were below national average.

People with long-term conditions

Population group rating: Good

Findings

Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.

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 patients with long-term conditions approaching the end of life was coordinated with other services.

The practice streamlined chronic disease reviews so the patient only needed to attend one appointment.

The practice had extended GP appointments from 10 to 15 minutes, allowing more time for complex cases.

The practice worked with an independent specialist respiratory nurse for asthma, COPD and staff education. They had redesigned their in-house COPD clinics, with the lead respiratory GP (on the ARTP Register for Spirometry) analysing all results with the lead nurse.

Wound photography was used in the practices' wound care clinics. Practitioners were able to visually compare the current condition of a wound with how it looked previously, rather than relying on descriptive words.

The practice had been involved in a pilot for improving the time to receive x-ray results. In July 2019 an x-ray facility opened in the Village Hospital next door. The turnaround time for results now takes 24-48 hours (previously 10-14 days).

The practice pharmacist ran hypertension clinic and completed medication reviews.

Families, children and young people

Population group rating: Good

Findings

We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients 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.

Children subject to protection plans were highlighted in clinical records.

The practice had installed WIFI in the waiting areas and had started a social media presence.

Birthday cards were sent to patients turning 14, to advise them of the services the practice offered.

The practice listened to feedback from parents with young children and had put up wall stickers and toys in the waiting areas to make the environment more child-friendly.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments provided at a different location.

Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Patients were able to book appointments on-line and order repeat prescriptions. Patients were able to make online requests via the website.

Virtual consultations were available to patients via an on line service.

The practice was able to use text messaging for appointment reminders, test results and to send information links and asking for feedback.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

The practice could accommodate those patients with limited mobility or who used wheelchairs.

The practice provided an auditory loop in the practice for those patients with hearing difficulties.

When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

The practice held a monthly adult safeguarding multidisciplinary team meeting.

Patients with a learning disability were invited to an annual review. Appointments were scheduled at less busy time within the practice and letters were sent held information in an easy to read format.

The care co-ordinator targeted those patients who may be considered as requiring additional supported. They could arrange extended appointments and multidisciplinary team input as needed, referring on to social prescribing, sending falls information and encouraging them to go to falls education events.

The practice had a number of patients whose first language was not English. To help with translation the practice had an iPad in reception to use for Google translate. Translation services were also available.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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 in the area and signposted their patients to them.

The practice was able to signpost people to Drug and alcohol services and IAPT counsellors (Improving Access to Psychological Therapies) who ran clinics at the practice.

Quarterly audits were completed for patients with “cognitive impairment”. Patients were reviewed, and where necessary appropriate support offered. Patients whose condition had progressed to dementia were identified and referred appropriately.

The practice had Improved signage around the building, which included signs that were dementia friendly and in a high contrasting colour. For example, pictures and high contrasting colour signs on the doors of the clinical rooms and toilets.

There were protocols in place for patients who were on high risk medication as well as relevant and up to date information. The practice used contracts with patients whose mental health could affect their demand for medication.

Timely access to the service

People were 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
<p>Explanation of any answers and additional evidence:</p> <p>The practices' appointment system offered emergency appointments with the duty team. The duty team consisted of a minor illness nurse, practice nurse, prescribing paramedic, GP registrars and foundation doctors (FY2). The duty team was supported by the duty GP.</p> <p>Patients could have a variety of appointments from face to face, telephone or via e-consultations.</p> <p>The practice had improved the recording of information when a patient called the practice; by transcribing the conversation and subsequent actions onto the patient notes. This meant that if the patient was to call again all of the required information would be at hand to the staff member speaking with the patient.</p>	

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)	86.3%	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)	80.0%	76.3%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.8%	68.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	76.9%	79.3%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

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.	12
Number of complaints we examined.	12
Number of complaints we examined that were satisfactorily handled in a timely way.	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We reviewed complaints and found the practice had learned lessons from the individual complaints and had acted as a result to improve the quality of care. Themes of complaints were discussed at the patient participation group.	

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
Explanation of any answers and additional evidence: There was an open and inclusive leadership style within the practice and good teamwork observed as a result.	

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 practices ethos was to give patients and their families the care and attention that they would wish their own families and themselves to receive. Core Values included: <ul style="list-style-type: none"> • outstanding primary care from a highly skilled, professional, caring and friendly team • a holistic approach to individuals, who are fully involved in decisions relating to their care. Involvement and support of their carers and families • signposting and guidance of patients to the right person to help them in the most efficient way. • education and support of patients • compassion, empathy and understanding • technological advances matched to patient's requirements and which aid the smooth running and efficiency of services provided 	

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
Explanation of any answers and additional evidence: The management team had oversight of the service quality and performance. There were positive relationships between all team members.	

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together, helped each other and were supported by management. They told us that all staff were approachable and helpful. Staff told us that they were encouraged to make suggestions which were listened to. Staff said they were committed to making improvements at the practice and felt part of a cohesive team that was working with this aim in mind.

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: There was a meeting structure in place to aid discussion and share learning. This was within the practice, the multidisciplinary health and social care team and the CCG. Outcomes from these meetings were shared appropriately with staff.	

The practice used external resources to monitor and review its performance and ensure they had the appropriate processes and policies in place.

The practice's policies and pathways were uploaded to a software called Teamnet. New policies and procedures were circulated to staff and email reminders set for documents to be updated in the appropriate timeframes.

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.
Designated Leads	Staff within the practice had designated leads which all staff were aware of. For example, the nurse was the infection control lead and two GP partners were the safeguarding leads.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. The practice held many types of regular meetings for different groups of staff. Significant events were discussed and the practice reviewed complaints.
Staff training	There was good management overview of staff training and development.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Regular reviews took place of patients' medicines. Patients prescribed high risk medicines were monitored.</p> <p>All staff received an annual appraisal of their work, which included a discussion about their training needs.</p> <p>The practice had a variety of risk assessments in place to monitor safety of the premises such as</p>	

control of substances hazardous to health and infection control and legionella.
Systems to respond to significant incidents and complaints were established and embedded.
There was a system of reviewing significant events to identify possible themes or trends.
Action was undertaken in response to patient safety alerts.

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

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

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the patient group with told us there was good attendance by practice staff and valuable discussion at the last meeting. They said they hoped the group would grow and was assured of practice support. They told us the practice was open and honest with patients.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice ran on the day emergency appointments with the duty team. The duty team consisted of a minor illness nurse, practice nurse, prescribing paramedic. The duty team was supported by the duty GP. Patients were seen by a member of this team for all emergency appointments which allowed the other GPs to give routine appointments more time (increased to 15 minutes) to patients where needed.

The practice team was forward thinking and participated in local pilot schemes to improve outcomes for patients in the area.

The practice held protected learning time sessions for staff.

The care coordinator was planning to visit schools and speak to the students to educate on, and identify, young carers.

All staff received individualised training opportunities which were discussed at their appraisals.

The practice worked with local pharmacies who were running detection programmes. For example, blood pressure checks and screening for atrial fibrillation. Pathways had been established to make sure the results were actioned by the appropriate team member and the patient called in for review where needed.

Partners were actively involved with the Clinical Commissioning Group and Primary Care Network (PCN). One of the GP partners was the lead GP and the practice manager was the manager for the PCN.

One of the partners was the vice chair for The Royal College of General Practitioners (RCGP) local faculty, another partner was lead for research and another sat on the Frailty forum.

The practice had introduced climate change and recycling social awareness by introducing a range of new initiatives. For example, using text messaging instead of paper.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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