

# Care Quality Commission

## Inspection Evidence Table

### Crossroads Medical Practice (1-570711967)

Inspection date: 8 August 2019

Date of data download: 26 July 2019

## Overall rating: Requires Improvement

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

## Safe Rating: Requires Improvement

At our previous inspection in September 2018 we rated the practice as being inadequate for providing safe services. This was because:

- Patient records did not include patients' up to date healthcare needs.
- There was no evidence the practice was carrying out fire drills.
- The systems in place for reviewing and investigating when things went wrong were ineffective.

At this inspection we have rated the practice as requires improvement as significant improvements had been made.

### 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were regular meetings regarding safeguarding to which other healthcare professionals were invited, which were recorded, and information shared where appropriate.</p>	

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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes May 2019
There was a record of equipment calibration. Date of last calibration:	Yes May 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 11 July 2019
There was a log of fire drills. Date of last drill:	Yes 24 Jul 2019
There was a record of fire alarm checks. Date of last check:	Yes 24 Jul 2019
There was a record of fire training for staff. Date of last training:	Yes various
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 5 Sept 2018
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Yes 5 Sept 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes 5 Sept 2018

## Infection prevention and control

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

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

## Risks to patients

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

## Information to deliver safe care and treatment

### Staff did not have the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	No (1)
There was a system for processing information relating to new patients including the summarising of new patient notes.	No (2)
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>(1) Patient notes in paper form were not stored securely. Some notes were stored in open shelving in the receptionist area and on the first floor in a room used by non-clinical staff. There was unrestricted access to the notes by cleaning and maintenance staff. The cleaning and maintenance staff were from a cleaning contractor and had not been subject to DBS disclosures. When we pointed out the potential risk, the cleaning contractors were contacted by the practice with a view to the staff having a DBS disclosure. Following the inspection, we were sent details of the practice's proposals to securely store all medical records.</p> <p>(2) There were 942 sets of paper patient notes that had not been summarised. This represented 15.4% of the patient list. A member of staff told us the majority related to patients that had come to the practice when a neighbouring practice closed in December 2012. They told us that although part of their job was to summarise the notes, they concentrated on more immediate demands and therefore they were making no impression on the back-log. The management confirmed there was no plan in place to address the issue. Following our inspection, we were provided with the practice's proposals for addressing the back-log.</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) <small>(NHS Business Service Authority - NHSBSA)</small>	1.12	1.03	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) <small>(NHSBSA)</small>	9.8%	10.3%	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) <small>(NHSBSA)</small>	5.07	5.90	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) <small>(NHSBSA)</small>	2.12	2.42	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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Not applicable
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes





## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	14
Number of events that required action:	12
Explanation of any answers and additional evidence: Significant events and other matters of concern were discussed at clinical and other staff meetings. Records we viewed conformed that to be the case. Learning from them was shared where appropriate with the staff concerned.	

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

Event	Specific action taken
Inappropriate use of social media	CCG contacted, and they provided a presentation to staff regarding the use of social media
Missed two weeks wait referral	A new template was introduced to be applied to help prevent any further occurrences.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate, carbimazole and insulin pumps.	

## Effective

## Rating: Requires Improvement

At our previous inspection in September 2018 we rated the practice as being inadequate for providing effective services.

This was because:

- The practice performance on quality indicators for long term conditions was below local and national averages
- Annual health checks for patients with learning disabilities were not being carried out.
- Not all staff were receiving regular appraisals.

At this inspection we have rated the practice as requires improvement as there had been improvements.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes (1)
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: (1) NICE guidance was standing agenda item at clinical meetings.	

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)	0.98	1.16	0.77	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
(01/04/2018 to 31/03/2019) (NHSBSA)				

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to older patients.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Requires improvement

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- Patients with a long-term condition received an annual review to check their health and medicines needs. The practice offered separate appointments to patients with multiple conditions. The approach was that patients should be reviewed in the relevant clinic by the most appropriate member of the health care team.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- 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>	73.0%	78.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.5% (13)	11.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	66.4%	78.3%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.2% (8)	7.8%	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>	63.2%	79.4%	80.1%	Variation (negative)
Exception rate (number of exceptions).	4.6% (17)	14.6%	13.5%	N/A

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We were provided with the unpublished QOF data for 2018/19 by NHSE. This data had been verified. It showed that;

- 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 was 73.1% with an exception rate of 2.7% (10)
- 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 was 75.3% with an exception rate of 3.2% (12)
- 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 was 58.3% with an exception rate of 3.1% (11)

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>	38.5%	76.5%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.1% (9)	8.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	39.0%	86.1%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	2.4% (4)	12.0%	11.5%	N/A

We were provided with the unpublished QOF data for 2018/19 by NHSE. This data had been verified. It showed significant improvements;

- 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 was 65.3% with an exception rate of 7.4% (32)
- 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 was 80.9% with an exception rate of 7.4% (12)

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)	82.0%	84.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.3% (24)	3.3%	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)	88.6%	92.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (9)	4.6%	6.7%	N/A

We were provided with the unpublished QOF data for 2018/19 by NHSE. This data had been verified. It showed that;

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83.3% with an exception rate of 0.5% (5)
- 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 was 73.1% with an exception rate of 7.4% (13)

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisation uptake rates were, with one exception, 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, including chlamydia screening.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice was a yellow fever centre.

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)	60	63	95.2%	Met 95% WHO based target
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)	58	65	89.2%	Below 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)	61	65	93.8%	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)	60	65	92.3%	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

- 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	80.6%	75.5%	71.7%	Tending towards variation (positive)



49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.6%	74.5%	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)	64.5%	60.2%	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)	73.3%	60.2%	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)	62.2%	55.4%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice's work in cancer care reviews had been recognised and they were due to receive an award from Macmillan.

#### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- Same day appointments and longer appointments were offered when required.
- All 28 patients with a learning disability were offered an annual health check. 15 of those attended during 2018/19.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: **Requires improvement**

#### Findings

- The practice 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.
- Staff had received dementia training in the last 12 months.
- 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)	20.5%	85.4%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	2.5% (1)	17.0%	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)	46.2%	86.2%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.5% (1)	14.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	16.3%	82.7%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	12.5% (7)	7.6%	6.6%	N/A

#### Any additional evidence or comments

We were provided with the unpublished QOF data for 2018/19 by NHSE. This data had been verified. It showed that;

- 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 was 86.9% with an exception rate of 34.7% (8)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 94.6%

#### 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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	360.0	524.4	537.5
Overall QOF score (as a percentage of maximum)	64.4%	93.8%	96.2%
Overall QOF exception reporting (all domains)	2.5%	5.6%	5.8%

The un-published but verified data provided by NHSE showed that for 2018/19:

- Overall QOF score was 531.7 (out of a maximum of 545)
- Overall QOF score (as a percentage of maximum) was 97.5%
- Overall QOF exception reporting (all domains) was 4.6%

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

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

- The practice had completed repeated audits on patients being prescribed orlistat. The re-runs were done every four months and showed no patient were now in receipt of this medicine for weight loss.
- Four monthly re-runs of an audit to identify patients prescribed none-steroidal anti-inflammatory drugs without the use of proton pump inhibitors. These regular audits helped to provide better outcomes for patients.

## Effective staffing

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

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

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes (1)
Explanation of any answers and additional evidence: The practice participated in the NHS One You campaign, aimed at helping patients decrease their chances of becoming seriously ill due to lifestyle choices later on in life.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.0%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (6)	0.9%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

## Caring

## Rating: Requires improvement

At our previous inspection in September 2018 we rated the practice as being requires improvement for providing caring services.

This was because:

- Patients we spoke with told us they had experienced delays in accessing care

At this inspection we rated the practice as require improvement.

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC comment cards	Two of the comment cards expressed concerns regarding getting an appointment. One respondent stated that their mental health needs were not taken seriously or dealt with appropriately by a particular clinician. All 20 cards expressed positive views about interactions with staff and the care and treatment they had received.
Letters and cards received by the practice	We viewed approximately 30 letters and cards that had been sent in appreciation of the care and treatment patients had 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
6111	243	103	42.4%	1.69%

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 (01/01/2019 to 31/03/2019)	79.3%	89.7%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	79.4%	88.5%	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 (01/01/2019 to 31/03/2019)	92.4%	95.3%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	65.3%	84.6%	82.9%	Tending towards variation (negative)

### Any additional evidence or comments

Senior managers told us that in the past there had been a reliance on locum GPs and that it had become apparent that part of the lower than average patient satisfaction scores were as a result of this. There had latterly been less use of occasional locums and a long- term locum had joined the practice as a salaried GP. It was hoped that this would provide more continuity of care and improved patient satisfaction.

### Question

Y/N

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

Yes

### Any additional evidence

The practice had carried out a patient survey during May and June 2019. There had been 67 respondents. The survey sought patient experiences on specific issues regarding access, repeat prescriptions, test results and staff. Themes arising from the survey included lack of continuity of care, problems with booking appointments, lack of pre-bookable appointments and telephone access. The practice had conducted audits of telephone call waiting times in May and July 2019 which showed a substantial improvement in the time taken to answer the phone, especially over the lunchtime period, as a result of re-organising staff breaks to ensure adequate cover.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that a member of staff had put together an informative and comprehensive pack containing information specifically aimed at people with dementia and their carers.</p> <p>There was a designated area in the patient waiting room that was dedicated to carers and contained useful information and signposting to other services and resources.</p>	

### 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 (01/01/2019 to 31/03/2019)	91.0%	93.8%	93.4%	No statistical variation



	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Upon request
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 104 carers which was 1.71% of the practice list
How the practice supported carers (including young carers).	A 'carers' pack was available and a dedicated area in the waiting room provided information and signposting to other services and resources.
How the practice supported recently bereaved patients.	A card of condolence was set to the next of kin. We saw two letters received by the practice in which those bereaved praised the caring and understanding attitude of staff and the support they had received during their difficult time.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Partial (1)
Explanation of any answers and additional evidence: (1) The design of the building made retaining confidentiality difficult. A notice asked patients to stay back and respect others.	

## Responsive

## Rating: Requires Improvement

At our previous inspection in September 2018 we rated the practice as being inadequate for providing responsive services. This was because:

- The practice did not offer one appointment for multiple conditions or concerns and patients we spoke with told us this was a problem.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment and the type of appointment offered.
- The practice did not carry out any analysis of complaints to identify trends or themes.

At this inspection we have rated the practice as requires improvement as improvements have been made. All of the population groups were rated as requires improvement as the cross-cutting themes affected all of the population groups.

### Responding to and meeting people's needs

#### Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	No (1)
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: (1) The practice had a list size of 6090. We looked at the number of clinical appointments that had been available in two weeks chosen randomly. Neither of these weeks were ones that's would possibly have reduced staffing due to school holidays etc. During the week commencing 20 May 2019 there were a total of 291 appointments with GPs, advanced nurse practitioners and nurse practitioners. During the week commencing 1 July 2019 there were a total of 297 appointments with GPs, advanced nurse practitioners and nurse practitioners. There was no unutilised capacity in either week. The maximum number of appointments that could be offered with the current staffing levels was 360 per week. The two GP partners spent a total of ten sessions in the practice weekly, but this was in connection with some managerial issues and work not connected directly to this practice. In the two weeks of appointments we looked at the GP partners had done three consultations. The GP patient survey data showed the practice had scored lower than the national averages of all four indicators relating to access. Although pre-bookable GP extended hours appointment were available at neighbouring practices	

there was no visual information to patients that this was the case and there was nothing on the practice website.

There had been two comments posted on the NHS Choices website since the last inspection. Both made negative comments about appointment availability.

The GP patient survey had also shown that 5% of patients usually got to see or speak to their preferred GP, compared to the CCG average of 50% and national average of 48%.

45% had been offered a choice of appointment compared the CCG average of 60% and national average of 62%.

The practice could not provide any evidence that they had responded to low patient satisfaction levels demonstrated by the GP patient survey result or their own patient survey which had highlighted dissatisfaction regarding continuity of care, problems with booking appointments and lack of pre-bookable appointments. GP partners told us the recruitment of GPs was problematical.

We asked what the practice had done about the levels of satisfaction regarding getting through on the telephone. They told us that they only had four telephone lines and when clinicians were doing telephone triage the phone lines were taken up. They told us and were tied into their existing telephone contract for the next 18 months and to extract themselves from that contract would be financially prohibitive. Audits of waiting times to answer the phone in May and July 2019 and changed to staffing availability had significantly reduced the time it took to answer the telephone.

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
Opening times:	
Monday	8am to 6.30pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 7.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 5.30pm
Tuesday	7.30am to 5.50pm
Wednesday	7.30am to 7.10pm
Thursday	8am to 5.20pm
Friday	8am to 5.20pm
	Pre-bookable GP extended hours appointments were available at other practices.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6111	243	103	42.4%	1.69%

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 (01/01/2019 to 31/03/2019)	97.5%	95.0%	94.5%	No statistical variation

### Any additional evidence or comments

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### Older people

**Population group rating: Requires improvement**

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice offered home visits by practice nurses for the housebound for bloods, flu vaccination, blood pressure checks and newly diagnosed diabetics.

### People with long-term conditions

**Population group rating: Requires improvement**

#### Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The nurse practitioner with a specialist interest in palliative care and cancer and leads on this domain and works in conjunction with case managers, district nurses, Macmillan Nurses and Hospice at Home

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

**Population group rating: Requires improvement**

### **Findings**

- Appointments were available outside of school hours so that children did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

**Population group rating: Requires improvement**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open at 7.30am on two days a week and until 7.30pm on one day a week. Appointments were available from 7.30am until 7.10pm on those days.
- Pre-bookable appointments were also available to all patients at additional locations within the area from 6.30pm to 8pm Monday to Friday and at weekends.



**People whose circumstances make them vulnerable**

**Population group rating: Requires improvement**

**Findings**

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

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

**Population group rating: Requires improvement**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

### People were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

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 (01/01/2019 to 31/03/2019)	53.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	57.2%	68.6%	67.4%	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 (01/01/2019 to 31/03/2019)	59.1%	66.3%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	65.9%	74.4%	73.6%	No statistical variation

### Any additional evidence or comments

Although pre-bookable GP extended hours appointment were available at neighbouring practices there was no visual information to patients that this was the case and there was nothing on the practice website. Following the inspection, the practice updated their website, although the explanation or nature of the appointments was still not abundantly clear.

Source	Feedback
For example, NHS Choices	<p>Three patients had left feedback on the NHS Choices website since our last inspection.</p> <p>One respondent gave the practice five stars. The other two respondents both mentioned difficulty in getting an appointment amongst their comments.</p>

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient felt they had not been well informed by a GP regarding their treatment.	Appointment arranged with alternative GP

Additional evidence;  
Recorded complaints were few, and there were no themes apparent. There was no record kept of informal and resolved complaints received in the reception area. The Practice Manager stated they would start keeping records of such interactions to help identify any themes not apparent from the formal complaints.

## Well-led

## Rating: Inadequate

At our previous inspection in September 2018 we rated the practice as inadequate for providing well-led services. This was because:

- Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended.
- The practice had not responded adequately to patient feedback around access, appointment types and getting through to the practice by telephone.
- The practice did not have a clear and cohesive strategic plan.

At this inspection we rated the practice as requires improvement for providing well-led services as improvements had been made.

### Leadership capacity and capability

**Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	No (1)
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Partial (2)
Explanation of any answers and additional evidence:	
(1) The GP partners had not addressed the issue of a lack of appointment availability with GPs and nurse practitioners and although present in the practice for ten sessions a week they had not regularly or consistently used this time to provide GP consultations. The salaried and locum GP were offering six clinical sessions per week, (a whole time equivalent of 0.6). There were 16 sessions provided by the nurse practitioner and advanced nurse practitioner.	
(2) It had been identified that both the Practice Manager and the Clinical Lead should attend leadership training. Whilst the Practice Manager had attended the Practice Manager Academy in the last year, no leadership training opportunities had been secured.	
The Practice Manager was relatively new in post which had been recognised by the partners. Consequently, they had taken steps to ensure the Practice Manager received regular mentoring from other experienced practice managers.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and	Yes

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes (1)
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: (1) As well as Freedom to Speak Up lead within the practice there were arrangements with a third party if staff felt unable to approach their in- house contact.	

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

Source	Feedback
Staff interviews	Staff that we spoke with acknowledged that the practice had gone through a difficult period but expressed positive views about the management and partners and looked forward to a period of stability.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes (1)
There were appropriate governance arrangements with third parties.	Yes (2)
Explanation of any answers and additional evidence: (1) There was a practice organogram that clearly demonstrated to staff the practice hierarchy and the clinical leads in differing areas of care and treatment.	

(2) The practice liaised with the clinical commissioning group, NHS England, Public Health as well as the County Council, GP federation and primary care network. Feedback from the CCG indicated that the practice was engaged and anxious to improve.



## Managing risks, issues and performance

**The practice did not have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes (1)
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No (2)
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Partial (3)
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>(1) The practice had acted because of their low QOF attainment in 2017/18 and had filled the skills gaps to ensure better long-term conditions management. There were regular audits and oversight of infection prevention and control, prescribing, cytology and health and safety.</p> <p>(2) There was no effective system in place to identify, manage and mitigate the risk to patients that was posed by aving not summarising and re-coding new patient notes in a timely manner. The practice had not effectively assessed, managed or mitigated the risk to patient confidentiality posed by having patient records in paper format stored insecurely.</p> <p>(3) There was no formal training for staff in reparation for major incidents, but it was seen as unlikely that staff could be effectively trained to deal with every eventuality that could occur. The plan was clear in what action staff should take in response to the different scenarios.</p>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

If the practice offered online services:

	Y/N/Partial

The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes (1)
Any unusual access was identified and followed up.	n/a (2)
Explanation of any answers and additional evidence: (1) Electronically held records only. (2) There had been no known unusual access.	

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

The practice did not always involve 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.	No (1)
The practice had an active Patient Participation Group.	No (2)
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: (1) There was limited evidence that the practice had acted on patient views as expressed in the National GP survey and their own patient survey regarding access and appointments availability, although we acknowledge that waiting times for phone answering had significantly improved and that improvements in the telephony system was difficult due to the contractual arrangements entered into by the previous provider at the surgery. (2) There PPG was in effect dormant with just one active member	

### Feedback from Patient Participation Group.

Feedback
<p>We met with the one active member of the PPG. We found them to be enthusiastic and very knowledgeable about the practice and the challenges facing primary health care. They told us that the ratings from previous inspections by CQC had a detrimental effect on the PPG and many had left consequently. They told us that they were confident that the practice was improving and as a result the PPG could be rejuvenated.</p> <p>The practice website contained eye-catching material to encourage people to join the group.</p>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes (1)
Learning was shared effectively and used to make improvements.	Yes (2)
Explanation of any answers and additional evidence: (1) All staff were encouraged to participate in E-Learning and learning needs and goals were identified and documented during appraisals. (2) Learning was cascaded to staff following significant events investigation.	



## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

### Glossary of terms used in the data.

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