

# Care Quality Commission

## Inspection Evidence Table

**Dr VK Dewan (1-560930665)**

**Inspection date: 5 July 2019**

**Date of data download: 25 June 2019**

**Overall rating: Good**

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

# 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.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Clinical staff advised that they could access the National Institute for Health and Care Excellence (NICE) guidelines from their computers.</li> <li>• Nursing staff accessed appropriate guidance for immunisation and vaccinations.</li> <li>• The practice was following local guidance in relation to end of life care to support the needs and wishes of those patients.</li> <li>• The practice made use of local prescribing formulary which was available to clinicians via their computers.</li> <li>• We saw various audits had been undertaken for example, to ensure appropriate monitoring of patients on high risk medicines.</li> <li>• The practice made use of e-advice with secondary care consultants through the e-referral system when needed.</li> <li>• The practice had higher than CCG and national average prescribing for hypnotics, however they also had a higher than average prevalence of patients with poor mental health and supported patients in three residential homes,</li> </ul>	

Prescribing	Practice performance	CCG average	England average	England comparison
-------------	----------------------	-------------	-----------------	--------------------

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.69	0.71	0.77	Tending towards variation (negative)

## Older people

## Population group rating: Good

### Findings

- The practice identified older patients who were vulnerable and with complex care needs. These patients were discussed at multidisciplinary meetings to ensure their care and treatment needs were being met.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were available to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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.

## 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.
- The practice received support for some of their more complex diabetes patients through the Diabetes in Community Extension (DiCE) clinics which gave them and their patients access to specialist diabetes care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for patients with long term conditions as appropriate.
- 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 appropriate statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- We saw example of care plans in place for patients with COPD.
- Patients at risk of diabetes were offered inhouse support.

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>	84.3%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	1.5% (2)	11.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	60.9%	78.2%	77.7%	Variation (negative)
Exception rate (number of exceptions).	5.9% (8)	8.8%	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>	78.3%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.1% (7)	11.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.0%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (3)	4.6%	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>	95.0%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.8% (1)	12.6%	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)	80.3%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.0% (4)	4.4%	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)	90.6%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.4%	6.7%	N/A

#### Any additional evidence or comments

- The practice's performance against QOF was in most areas in line with CCG and national averages.
- The practice's performance in relation to diabetes indicators overall was similar to the CCG and national average with the exception of '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)'. The practice had small numbers of patients overall and lower exception reporting. The practice advised that they struggled to get patient's in for their reviews and were calling them to try and encourage attendance but did not have any definitive reasons for the lower performance of this particular indicator.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets for three out of the four categories. Uptake of MMR immunisation was below the 90% target.
- 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.
- The practice would see young children and pregnant mothers for same day appointments.
- Young people could access services for sexual health and contraception. Sexual health services were available within the same health centre.
- The practice provided eight-week baby checks and postnatal checks.

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)	12	12	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	28	29	96.6%	Met 95% WHO based target (significant variation positive)
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)	28	29	96.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	25	29	86.2%	Below 90% minimum (variation negative)

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

### Any additional evidence or comments

- The practice was meeting WHO targets for three out of the four categories of childhood immunisations. The exception being age 2 MMR. The numbers involved were small and the practice advised that bad publicity had not helped in relation to MMR uptake. However, they were also able to give examples as to how they had discussed with parents the importance of the vaccinations to enable them to make informed choices.
- Reception staff supported the practice nurse in contacting patients to come in form their appointments. The practice worked with the health visitor to encourage uptake and were able to give examples of this.

### 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 family planning services within the same health centre.
- The practice provided travel vaccines available on the NHS and advice to patients.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.6%	65.8%	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)	64.3%	64.2%	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)	47.0%	42.1%	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)	57.1%	65.8%	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)	50.0%	50.0%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice had carried out an audit of their fast track referrals between 1 October 2017 and 21 September 2018 to review the outcome of referrals they had made.
- The practice nurse maintained failsafe systems for following cervical screening samples taken to ensure that results are received and for following up patients referred to colposcopy.
- The practice advised us that their latest QOF data (unverified) for 2018/19 was 83%. However, it should be noted that this data is not directly comparable to the Public Health England data above which takes into account relevant time intervals.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

#### Findings

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



patients in three residential care homes including those with a learning disability and undertook health reviews as home visits if needed. The practice had 30 patients on their learning disability register and had carried out 28 health checks during 2018/19.

- 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 followed local guidelines in relation to this.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had systems to identify patients who were at risk of harm.

**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.
- The practice supported patients in care homes including those with a mental health issues and undertook health reviews as home visits if needed.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <sup>(QOF)</sup>	93.5%	91.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	13.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <sup>(QOF)</sup>	93.5%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	10.8%	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) <sup>(QOF)</sup>	83.3%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (1)	6.7%	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)	535.4	538.1	537.5
Overall QOF score (as a percentage of maximum)	95.8%	96.3%	96.2%
Overall QOF exception reporting (all domains)	3.0%	6.2%	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 past two years

The practice shared with us clinical audits that they had undertaken in the last 12 months. These included:

- A two cycle audit reviewing the management of patients with low haemoglobin. The first audit was undertaken in September 2018 and the second audit in April 2019. In both audits searches were carried out to identify all relevant patients, check appropriate investigations and action had been taken and to ensure blood tests were updated. The practice planned to continue this audit on a six monthly basis to ensure any actions required were completed and patients appropriately managed.
- A single cycle audit of patients with a diagnosis of sleep apnoea focussing on the importance of weight loss. The audit undertaken in November 2018 identified 32 patients. Of these 58% showed an increase or no significant change in BMI since their last recording. Actions identified included monitoring patients on a three monthly basis and referral as required for support for weight loss.
- Other audits included an audit reviewing the management of patients on Methotrexate which showed all identified patients were up to date with blood monitoring. There were plans to regularly undertake this audit on a three monthly basis.

### Any additional evidence or comments

- The practice's overall exception reporting rate at 4.7% was below CQC average of 9.2% and the national average 9.7%. There were however three areas where the practice had higher exception reporting these included heart failure, cancer and depression. We reviewed these areas with the practice and found that this related to relatively small numbers of patients involved and patients that had only recently been diagnosed which would fall within the following years data. The practice advised that they contacted patients with three letters before exception reporting.

## 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.	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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had identified their mandatory training requirements that staff were required to complete.</li> <li>• Staff had access to on line training and records seen showed that staff were up to date with their mandatory training.</li> <li>• Staff told us that they received protected learning time to complete their training.</li> <li>• We saw that relevant staff had undertaken role specific training.</li> <li>• The principle GP told us that they held monthly education meetings with local practices and the practice nurse advised that they attended practice nurse forums held locally.</li> <li>• We saw that staff received annual appraisals which enabled them to discuss their learning and development needs.</li> <li>• There was a comprehensive locum pack for staff working at the practice on a temporary basis.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice held multidisciplinary team meetings every two months to discuss those with complex health and palliative care needs. We saw minutes of meetings. Community health professionals were invited to those meetings.</li> <li>• Patient information was accessible to relevant services when providing care and treatment this included out of hours and community nursing services.</li> </ul>	

## Helping patients to live healthier lives

### Staff were 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> <ul style="list-style-type: none"> <li>• The practice offered NHS Health checks and where these identified any abnormalities or risk factors these were followed up by the GP.</li> <li>• We saw a range of information displayed in the waiting areas to support and signpost patients to further support including cancer screening programmes, carers groups, counselling and bereavement support.</li> <li>• Patients could obtain Travel vaccinations available on the NHS and travel health advice at the practice.</li> <li>• The practice made use of the route 2 wellbeing website which signposted patients to a range of health and social support services in the locality.</li> <li>• Although not currently involved in social prescribing they have planned to work on this through the new PCN arrangements.</li> <li>• Patients were signposted to locally available smoking cessation services.</li> <li>• The GP provided inhouse support to patients at risk of developing diabetes.</li> </ul>	

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>	96.2%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (4)	0.7%	0.8%	N/A

## Consent to care and treatment

**The practice was able to demonstrate that it 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.	N/A
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice did not provide any minor surgery or other services requiring formal consent.</li><li>• There were no examples available where best interest decisions have been made.</li><li>• However, the practice nurse explained how they had supported a patient with learning difficulties to understand the cervical screening procedure. This had included giving them access to suitable information and time to discuss what it involved and consider this with their family before consenting and undertaking the procedure.</li></ul>	

## 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: <ul style="list-style-type: none"><li>• The practice had appropriate arrangement in place for ensuring patient safety this included safeguarding arrangements, management of medicines, infection control, equipment safety.</li><li>• The practice was a member of Sandwell Health Partnership Federation which enabled them to offer extended access appointments to their patients.</li><li>• The principal GP was aware and considering the need to focus on longer term succession planning for the service.</li><li>• The practice had recently signed up to a primary care network with other local practices to enable them to focus on developing services and deliver local priorities.</li></ul>	

### 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: <ul style="list-style-type: none"><li>• The practice main objective was to deliver high standards of medical care and to treat patients with dignity and respect. Staff were aware and advised us that the values of the organisation had been discussed in the practice meetings.</li><li>• The practice had set out what patients can expect from their health care and their responsibilities as a patient in the patient charter leaflet.</li><li>• The practice spoke about future plans for the service and what they wanted to deliver.</li></ul>	



## 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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All staff we spoke with were aware of the process for reporting incidents and felt confident in doing so.</li> <li>Staff were able to describe incidents that had occurred, the learning they had received from them.</li> <li>The practice was able to give an example of an incident in which they demonstrated duty of candour. The patient was notified following an incident, action taken to mitigate the situation and an apology given.</li> <li>Staff we spoke with told us that they felt well supported and found senior staff approachable.</li> <li>The practice had carried out an equality audit of the premises in April 2019.</li> <li>Staff had access to online equality and diversity training. We saw that some but not all practice staff had completed the training.</li> </ul>	

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

Source	Feedback
Staff feedback	Staff we spoke with were positive about the practice culture. They found the practice team friendly and supportive. They felt able to raise concerns if needed.

## 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: <ul style="list-style-type: none"><li>• We found the practice was well organised.</li><li>• Whole team practice meetings took place on a quarterly basis. Locum staff were invited to attend those meetings.</li><li>• Staff had access to a range of policies and procedures to support them in their roles.</li><li>• Staff were allocated protected time to undertaken non-direct patient duties.</li></ul>	

## 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There were systems in place for managing safety alerts and the practice was able to give examples of actions they had taken in relation to alerts received including sodium valproate and epipens. Records were maintained for this. During the inspection, we identified two recent alerts that had not been identified by the practice through their alerting system. Following the inspection, the practice signed up to receive alerts directly and sent details of actions taken in response to those that had previously been missed.</li> <li>• The premises were well maintained. There were arrangements in place for managing risks in relation to the premises and infection control.</li> <li>• Staff received training to support them in the event of medical or other emergencies, Emergency equipment and medicines were accessible to staff when needed.</li> <li>• There was a business continuity plan in place which included relevant contact details for staff and services required.</li> </ul>	

## Appropriate and accurate information

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

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

Explanation of any answers and additional evidence:

- We saw that patient information was being acted on in a timely manner.
- The practice used QOF data to identify and recall patients for their long term condition review.
- The practice used learning from incidents and complaints to improve the service.
- We saw patient records were held securely in locked facilities.

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	N/A
Patient records were held in line with guidance and requirements.	N/A
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence: At the time of our inspection, the practice did not offer online services?	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice obtained feedback from patients through the Patient Participation Group (PPG), suggestion boxes and the Friends and Family Test.</li> <li>• There were six members of the PPG who met on a six monthly basis with the practice team.</li> <li>• Results from the national GP patient survey were in line with CCG and national averages. Questions relating to access were higher overall than CCG and national averages.</li> <li>• We received 44 comment cards from patients all were very positive about the service received and the staff.</li> <li>• All staff were involved in practice meetings and felt able to raise suggestions or concerns about the service.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>• We spoke with three members of the practice's Patient Participation Group, they told us that they could access appointments when they needed to, were happy with the care and treatment received and would not hesitate to recommend the service to others.</li> <li>• Members of the PPG told us that they felt valued and included in the development of the practice.</li> <li>• We received 44 completed CQC comment cards from patients, all were very complimentary about the service received and the staff.</li> </ul>

Any additional evidence
<ul style="list-style-type: none"> <li>• Results from the GP national patient survey were in line with CCG and national averages.</li> <li>• The practice had a new telephone system implemented within the last 12 months</li> <li>• The practice advised that in response to patient feedback they had implemented Wi-Fi system for patients to access.</li> </ul>

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice used learning from incidents and complaints to improve the service. These were discussed with all staff through the practice meetings.</li><li>• We saw that the practice had undertaken audits to identify areas for improvement.</li><li>• Staff received annual appraisals which enabled them to discuss their learning and development needs.</li></ul>	

## Examples of continuous learning and improvement

<ul style="list-style-type: none"><li>• The practice had implemented a new telephone system in the last 12 months which enabled them to record calls. Patients reported through the GP national patients survey that they were easily able to access the service by telephone. Results were above both CCG and national averages at 91% compared to the England average of 70%.</li><li>• The practice advised that they had low DNA rates.</li><li>• The practice was very supportive of patients with learning disabilities, prevalence of patients with a learning disability was 1.5% compared to the CCG and national average of 0.5%. The practice supported patients in three care homes and had carried out annual health reviews on 93% of patients on the learning disability register in the last 12 months this had been achieved by carrying out the reviews within the patient's own home if necessary.</li></ul>
---

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the 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.