

Care Quality Commission

Inspection Evidence Table

OHP-Granton Medical Centre (1-4207241970)

Inspection date: 26 June 2019

Date of data download: 20 June 2019

Overall rating:

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2018	Y
There was a record of equipment calibration. Date of last calibration: March 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: November 2018	Y
There was a log of fire drills. Date of last drill: February 2019	Y
There was a record of fire alarm checks. Date of last check: June 2019	Y
There was a record of fire training for staff. Date of last training: Various dates (within the last 12 months)	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
The practice had not risk assessed a hazardous substance used for minor surgical procedure. The GP told us this was because the level of risk was low as the product was not stored on the premises and only the amount required was purchased for a specific procedure. However, no formal risk assessment was completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had contracted external contractors to undertake electrical and gas safety checks within the last 12 months.</p> <p>An Equality impact assessment had been carried out for the practice in August 2018, to review the arrangements in place for supporting patients who may experience barriers to accessing the service and ensure they could access and use services on an equal basis to others.</p> <p>The practice had also completed risk assessments in areas such as lone working and for staff who were expectant mothers.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: March 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Most of the actions from the infection prevention and control audit were completed except for the replacement of taps in some clinical rooms which were not lever/sensor operated, this was on hold due to plans to move to a new purpose-built premise. In the interim staff were aware of how to reduce any potential risks such as using paper towels to turn off taps.</p> <p>A Legionella risk assessment was undertaken by an external company in June 2018 (Legionella a term for a bacterium which can contaminate water systems in buildings). The practice was addressing the actions identified from the risk assessment. There were regular checks and testing of the water supply.</p>	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information	Y

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.91	0.84	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	9.4%	7.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.75	5.13	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.75	1.78	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence	Y

Medicines management	Y/N/Partial
of structured medicines reviews for patients on repeat medicines.	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	29
Number of events that required action:	29

Explanation of any answers and additional evidence:

Significant events were discussed in staff meetings and were stored on the intranet to ensure they were easily accessible to all staff, reporting was encouraged and supported. Learning from significant events were also shared amongst practices within the local community network (LCN).

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

Event	Specific action taken
Patient prescription sent to incorrect pharmacy	Discussed at team meeting, protocol of checking scripts issued before being given to patients reinforced to reception staff,
Patient did not attend for a specialist medicine which was required to be given within a specific time frame.	Learning shared with staff and staff provided update on this specific medicine and the importance of monitoring, protocol adjusted to reflect learning.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Explanation of any answers and additional evidence:

We saw examples of actions taken in response to recent alerts which included undertaking a clinical audit.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

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>	0.50	0.75	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice employed nurses who had undertaken specialist training to undertake in-house ARTP accredited Spirometry for patients as well as insulin initiation for diabetes patients.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.9%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.6% (69)	12.4%	13.2%	N/A

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) ^(QOF)	70.9%	77.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.6% (36)	10.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) ^(QOF)	78.3%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (30)	11.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) ^(QOF)	74.6%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (8)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	90.6%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.2% (18)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) ^(QOF)	83.9%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.1% (41)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or	85.5%	88.6%	90.0%	No statistical variation

more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.1% (17)	8.3%	6.7%	N/A

Any additional evidence or comments

Outcomes for patients with long term conditions were mostly similar to local and national average.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were mostly above the World Health Organisation (WHO) targets.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	72	76	94.7%	Met 90% minimum (no variation)
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) <small>(NHS England)</small>	94	97	96.9%	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) <small>(NHS England)</small>	94	97	96.9%	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)	92	97	94.8%	Met 90% minimum (no variation)
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice's uptake for cancer screening was above local and national averages and close to the 80% coverage target for the national screening programme.
- Uptake for breast and bowel cancer screening was above the local and national average.
- Cancer detection rates resulted from a two-week wait was better than the local and national average.

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)	76.8%	68.1%	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)	73.0%	63.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	57.7%	44.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	88.6%	74.1%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a	65.8%	52.0%	51.9%	No statistical variation

two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				
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People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice worked closely with a local hospice to ensure end of life care needs and preferences were met such as anticipatory medicines and completing ReSPECT forms to ensure patients wishes on the care and treatment in the event of medical emergency were considered.
- 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 and support people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice worked closely with local mental health services, pharmacy and community's services. Regular dementia 'drop in' sessions held at the practice by the Alzheimer's society which to support patients and their carers.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	92.6%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.0% (5)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	91.8%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (2)	7.7%	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)	83.7%	86.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (4)	6.1%	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)	556.9	545.6	537.5
Overall QOF score (as a percentage of maximum)	99.6%	97.6%	96.2%
Overall QOF exception reporting (all domains)	4.5%	6.1%	5.8%

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

<p>The practice had completed six clinical audits in the last 12 months including the following full cycle audits</p> <ul style="list-style-type: none"> • An audit focusing on the use of reliever inhaler for patients with asthma. The purpose of the audit was to identify if patients were reviewed accordingly to ensure inhalers were being used appropriately. The initial audit was completed in November 2018, with a re-audit undertaken in May 2019. Results demonstrated that the majority of patients had received an asthma review within the specified time however, as a result of the review four of the 11 patients reviewed no longer required the use of a reliever inhaler. • An audit of older patients prescribed an oral medicine for the management of diabetes. The aim was to review if the medicine was effectively managing their diabetes. The initial audit was completed in November 2019 and re-audit in May 2019. The findings of the audit showed that in most cases the medicine was appropriate for the management of diabetes but highlighted a need for regular review of these patients.

Effective staffing

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

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

The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop for example, one of the nurses had completed a specialist diabetes course for insulin initiation. There was also evidence of training and qualifications for nursing staff in areas such as spirometry, asthma and sexual health. Health care assistants had completed training in areas such as administering the flu vaccination, smoking cessation and phlebotomy.

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
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice worked closely with various services and organisations to support patients and ensure care was delivered in a coordinated way. For example, community mental health services, the palliative care	

teams and the community midwife and health visitor. The practice supported national priorities and initiatives such as smoking cessation, healthy lifestyle by promoting projects such as park run and walking.

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>	97.9%	96.1%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.2% (4)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence:	
Discussion with clinical staff showed that verbal consent was always obtained before care and treatment and where relevant written consent for example, for minor surgical procedures. Clinical staff had received training in areas such as the Mental Capacity Act and consent. Staff spoken with were aware of the importance of consent and showed understanding of areas such as best interest and Gillick competency. Clinical staff participated in best interest decisions for a vulnerable patient.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	30
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC comment cards	There were 32 comment cards which included very positive comments about the staff who were helpful, caring and took time to listen. There were two cards with mixed feedback, these included positive comments about staff, the areas for improvement did not relate to negative experiences with staff.
Patient interviews	We spoke with seven patients including two members of the Patient Participation Group (PPG). Positive comments included staff being respectful, polite and caring
Care Homes	We spoke with staff from three care homes where some of the patients registered at the practice lived. The feedback was extremely positive, practice staff were described as caring and compassionate.

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
7953	258	123	47.7%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	96.1%	87.9%	89.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	96.9%	86.1%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.6%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	95.7%	81.7%	83.8%	Tending towards variation (positive)

Any additional evidence or comments

The results of the national GP patient survey showed the practice was above the local and national averages in all questions relating to listening, care and concern and patients overall experience of the GP practice. This was aligned with the positive feedback we received.

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

Any additional evidence
The practice obtained feedback from the Friends and Family Test (FFT) which was also available as a mobile text message and on the practice website, comments and complaints received and through engagement with the Patient Participation Group (PPG). There was evidence that feedback received was reviewed and acted on to improve the service. The practice had purchased chairs with arm rests in the patients waiting area.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Patient information was available in the patient waiting area and the practice website which sign posted patients and carers to number of support groups and organisations. The practice participated in a social prescribing pilot, funded by NHS England and delivered at a provider level. There were weekly clinics at the practice with an allocated worker to help connect patients to local services and activities to help improve wellbeing	

Source	Feedback
Interviews with patients.	We spoke with seven patients including two members of the Patient Participation Group (PPG). The feedback was very positive, patients described staff as helpful and their care and treatment was explained to them.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.7%	92.9%	93.5%	No statistical variation

Any additional evidence or comments

The results of the national GP survey showed the practice was above the local and national average in relation to patients experience of involvement in decisions about their care and treatment. This was aligned with the feedback we received.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
Information leaflets in other languages and in easy read format were not readily available in the practice but could be ordered on request.	
The practice website had a translation facility which enabled practice information to be accessible in a number of languages.	

Carers	Narrative
Percentage and number of carers identified.	156 (2% of practice population)
How the practice supported carers (including young carers).	<p>The practice had identified more than 1% of its practice population as carers. The practice had a register for carers to ensure all carers were easily identified and could be offered an annual health assessment, the flu vaccination and support and advice. Information was available in the patient waiting area sign posting carers to support groups and encouraging carers to identify themselves to staff, so support could be offered.</p> <p>A benefit advisor attended the practice on a regular basis to provide advice and the practice held drop in sessions for patients with dementia and their carers. Social prescribing was offered to carers to promote health and wellbeing.</p>
How the practice supported recently bereaved patients.	The practice staff made telephone contact to patients to offer support and referred patients to support services, this also including sending a condolence card. There was in house bereavement counselling service provided by a member of the PPG who had received appropriate training. If necessary patients could also be referred to external services.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The practice offered patients a private room should patients wish to speak in confidence away from the reception area.	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence: All incoming and outgoing calls to the practice were recorded for quality assurance purposes, there was information informing patients of this.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: The practice was based in a residential property which was in need of modernisation however, plans for a purpose-built premise were in progress. There were no automatic doors at the main entrance to the practice however, there was a bell that patients could call for assistance.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
	*Closed 1pm to 2pm each day, during which time the GPs are contactable by mobile phone for any urgent cases or in the event of an emergency.
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
	*Closed 1pm to 2pm each day, during which time the GPs are contactable by mobile phone for any urgent cases or in the event of an emergency.

Extended Hours (practice).	Telephone Consultations between 6.30pm and 7.30pm four days a week
Extended Hours Access (Hub arrangement).	Monday to Friday 6.30pm to 8pm Saturday and Sunday 9am to 1pm
The extended access service is provided as part of a joint working arrangement with other local practices. Extended access appointments are booked by patients through their GP practice and patients are seen at the Royal Orthopaedic Hospital.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7953	258	123	47.7%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.6%	94.5%	94.8%	Tending towards variation (positive)

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice had a high older practice population with more patients living in local nursing and residential homes compared to the local average. Staff carried out extensive health and medicine review of these patients and the feedback we received from three of the homes was extremely positive. Staff worked closely with the Alzheimer's society to support patients.
- 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.
- A number of services benefiting older people were available in-house such as hearing, phlebotomy

and social prescribing.

- The practice was part of an ambulance triage service, the aim was to prevent unnecessary hospital admissions by ensuring patients who did not require hospital admission were seen by the GP at their home.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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 including a local hospice.
- A number of services benefiting people with long term conditions were available in-house such as insulin initiation for patients with diabetes, 24-hour blood pressure monitoring, minor surgical procedures and ECG.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The premises had breast feeding and baby changing facilities.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- A range of appointments were offered including pre-bookable, online and telephone consultations.
- The practice was a member of a GP hub which meant pre-bookable appointments were available to all patients at a location within the area Monday to Friday from 6.30pm to 8pm. Appointments were also available on the weekend from 9am until 1pm. Telephone consultations were available from 6.30pm to 7.30pm four days a week.
- Patients could book appointments and request repeat prescriptions online. The practice actively promoted online registration.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode 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. Longer appointments were offered, and home visits were available for health checks and blood tests.
- The practice had a high transgender patient population, staff ensured any needs and preferences were addressed in a sensitive manner and system was in place to alert staff to potential vulnerabilities.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

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.
- The practice referred patients for social prescribing, weekly clinics were held at the practice with an allocated worker to help connect patients to local services and activities to help improve wellbeing

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	84.7%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.9%	63.1%	68.6%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	73.0%	63.4%	65.9%	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 (01/01/2018 to 31/03/2018)	88.5%	70.2%	74.4%	Tending towards variation (positive)

Any additional evidence or comments

The practice was above local and national averages for questions relating to access and patients overall experience of making an appointment. Actions taken to improve access included increasing staffing levels and reviewing skill mix, actively encouraging online registration and providing extended hours and extended access services. The practice had reviewed the appointment system and tried different types of approaches such as the triage system to identify the best approach for their patients.

Source	Feedback
CQC comment cards	There were 32 comment cards, the overall feedback in relation to access was positive. Patients experienced a good service and their needs were met in a timely manner. Two patients commented that it was sometimes difficult to get access a routine appointment although they would be seen if the need was urgent.
Interviews with patients	We spoke with seven patients including two members of the Patient Participation Group (PPG). Two Patients reported that same day appointments could be difficult although they would be seen if the need was urgent.
Care Homes	We spoke with staff from three care homes where some of the patients registered at the practice lived. The feedback was extremely positive, practice staff were responsive to the needs of residents and requests for reviews and prescriptions were responded to in a timely manner.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Complaints were discussed with staff during team meetings and relevant learning shared.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in patient being seen in secondary care	Although delay was beyond practice control the practice apologised and acknowledged concern, a formal meeting to discuss issues was offered.
Patient unhappy with GP consultation	Detailed response and investigation by practice including apology and offer of formal meeting although complaint not upheld.

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: <p>The provider organisation (OHP) added OHP-Granton Medical Centre to their registration in August 2017. The OHP partnership model is one of local autonomy in which individual practices and the GP partners work to identify their own local priorities and run their practices in the way they see fit to meet their local population needs. The OHP Board takes on a more strategic role. The OHP Board is made up of nine elected GP partners, the Operations Director and Finance Director. Board elections are staggered on a three-year roll. There is a small central OHP team that support the practices to achieve future sustainability and resilience. They do this in various ways such as helping to reduce some of the administrative burden in the running of their practice and to help individual practices realise and identify solutions to local challenges (through innovation and effective partnership working). The OHP leadership team was known to all practices and accessible when support was needed.</p> <p>OHP were aware of challenges faced by GP practices and have for example undertaken work to develop longer term workforce solutions. They recognise locality differences and have focussed General Practice Forward View money to help practices identify new and innovative ways to address local challenges. This has involved working with affiliated non-OHP practices within the same localities.</p> <p>The practice leadership team at OHP-Granton Medical Centre consisted of two GP partners, four salaried GPs a practice manager, reception manager and a data manager. They shared with us their plans for the sustainability of the service and to address some of the challenges. This included managing staffing levels for long term leave, supporting an older practice population and plans to merge with a local practice to a new purpose-built premise.</p>	

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:	
<p>There was a collective vision among OHP member practices which was to provide: 'A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.'</p>	
<p>The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.</p>	
<p>Leaders at There was a collective vision among OHP member practices which was to provide: 'A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.'</p>	
<p>The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.</p>	
<p>Leaders at OHP-Granton Medical centre had identified the key areas for the development and sustainability of the practice and improving the service for patients. We saw evidence of progress in relation to these areas which included increasing staffing levels, training and development opportunities for staff and working within a wider primary care network to provided extended access service. The practice had a written mission statement which was visible to staff and patients and highlighted the practices aim and purpose.</p>	

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	Y

Concerns (Whistleblowing) Policy.	
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<p>There was an expectation that practices who wished to join OHP shared the same goals.</p> <p>There were arrangements at provider level to address behaviour inconsistent with the vision and values of the organisation (OHP). Member practices were expected to provide monthly returns of core quality markers which were discussed at the provider governance meetings along with other information such as incidents and complaints. This was used to assure the board of quality standards.</p> <p>There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider if they felt unable to raise them with a local practice.</p> <p>At provider level we saw that there was a strong emphasis on the safety and well-being of staff. One of the providers key objectives was to focus on a sustainable workforce and create better work life balance. This was being delivered through the development of staff retention schemes and sharing some of the administrative burden on practices.</p> <p>At OHP-Granton Medical Centre practice meetings and clinical staff meetings took place which enabled important information to be shared such as significant events and complaints and staff were given the opportunity to raise any issues. Wellbeing of staff was recognised, and staff feedback was positive in relation to this.</p>	

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

Source	Feedback
Staff interviews	There was positive feedback from staff about how the practice team worked together in the delivery of the service. Staff said they were confident in raising any issues and felt supported if they did so. Managers and clinicians were approachable and staff ideas and areas for improvement were acted on. Learning and development opportunities were encouraged. Staff provided examples of requests for training which were provided.

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:	
Individual practices retained local responsibility and accountability for the services they provided within	

the OHP provider model. However, there was also a centralised governance function in which the central team monitored quality across the whole organisation and provided the board with assurance that standards at practice level were being maintained. The central team provided a supportive role to practices who needed it.

The provider communicated with the practices through the sharing of minutes from board meetings and regular quarterly newsletters which were made available through quality assurance system known as GP Team Net.

Staff spoken with were clear about their roles and responsibilities and had received support, training and development opportunities to maintain this.

We saw at OHP-Granton Medical Centre that staff team meetings took place and provided the opportunity to discuss and share learning from significant events and complaints. The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed the practice was consistently a high QOF achieving practice and performed above or similar to the local and national averages in a number of QOF indicators as well as indicators for the childhood vaccination programme and the national GP survey.

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.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

Performance and risk were managed at practice level however, the central OHP team maintained an oversight of this. The practices were expected to provide assurance that quality standards were being met and quality and risk was being managed through the submission of core quality markers to the central team. These were monitored along with complaints, significant events and safety alerts through the centralised governance management processes. The central team also offered mock CQC inspections to member practices to help improve and drive quality. Practices wishing to join OHP were expected to meet certain criteria in order to minimise risks and safeguard the partnership.

Staff had not received formal training in preparation for a major incident but were aware of responding to an emergency, a copy of the major incident plan was easily accessible for staff.

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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: GP Team Net (clinical and governance system) had been rolled out across OHP member practices and provided the main forum for sharing management information. This enabled both the practice and central team to manage and monitor information such as those relating to incidents, complaints, safety alerts and staffing. The provider organisation had recently collated performance data from nationally available sources which they had started to share with practices to help them manage their own performance. The central OHP team provided support to practices in relation to statutory notifications to CQC. At OHP-Granton Medical Centre there was a data manager who supported the practice with data collection and analysis for example, data collated from the friends and family test.	

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: The practice had an online service policy to ensure guidance and requirements were adhered to.	

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

Explanation of any answers and additional evidence:

At OHP- Granton Medical Centre there was evidence the practice was responding to patient feedback by taking action to improve patients experience of the service for example, by improving access and responding to patients anxiety in relation to the future merger and move to new premises. The practice in collaboration with the patient participation group (PPG) had engaged with patients to keep them informed of the plans to merge and move services. This included a presentation by one of the GP partners on the merger at a PPG meeting.

The provider (OHP) held partners meetings annually which provided a forum for provider level feedback and to check that the direction of travel of the organisation was still appropriate. OHP had also set up a salaried GP community and planned to introduce a similar network for nursing staff working across the organisation. Team building days provided the opportunity for staff to share their views and contribute to service developments.

The provider used a practice manager focus group to check progress against objectives and have a voice in shaping future development for example, the provider told us that they had met regularly during the development and evaluation of the extended access service.

The centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice for GPs in strategic planning within the health and social care economy and for exploring areas for collaborative working.

Feedback from Patient Participation Group.

Feedback

The practice had a proactive patient participation group (PPG). We spoke with two members who told us there were approximately 25 members and they met every two months to discuss ideas and service improvements. They explained they also had Annual General meetings (AGM), the last took place in May 2019 and was well attended. There was a good relationship with the practice, a GP and practice manager attended all meetings, this ensured collaborative working. The PPG in conjunction with the practice were involved in the Saturday flu clinic to ensure good uptake, a PPG member completed a bereavement course which has enabled them to offer in-house bereavement support. The PPG had also initiated a walking group in the local areas to help promote health and wellbeing. The PPG was working closely with the practice and other stakeholders to help support patients with anxieties on the future merger and move to new premises, this included looking at bus routes and the possibility of having a direct bus route to the new location.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>Being part of a large provider organisation (OHP) enabled practices to:</p> <ul style="list-style-type: none">• Collectively bid and benefit from new contracts for example, extended access, anticoagulation and social prescribing services.• Share and learn from each other for example, the system for recording and monitoring incidents and complaints management was adopted from a practice within OHP.• Benefit from workforce developments including an internal staff bank.• Explore digital access through the provider participation in a pilot scheme.• Focus on improvement and innovation through collaborative working within the practices own locality using General Practice Forward View money. Examples, of improvement schemes have included the development and training of reception clerks in managing prescriptions and improving document handling. Collaborative working with the hospital and community services to bring services closer to home. <p>At OHP-Granton Medical Centre there was a focus on learning and development, staff had lead roles based on their area of knowledge, skills and area of interest. For example, there was a GP lead for safeguarding, diabetes. Nurses had specialist roles in areas such respiratory medicine and diabetes healthcare assistants provided smoking cessation support.</p>	

Examples of continuous learning and improvement

Learning and improvement was encouraged through staff appraisals and meetings. The practice made use of internal and external reviews of incidents and patient safety alerts and learning was shared and used to make improvements. Audits were completed and provided the opportunity to learn and improve for example, in the areas of medicine management, minor surgery and infection prevention and control.

The practice worked collaboratively with local practices to provide extended access for patients. Staff were provided the opportunity to attend CCG events and forums to learn and share good practice. The practice was part of the Aspiring to Clinical Excellence programme (ACE). The programme is a mechanism for the CCG to resource and develop general practice to help improve clinical outcomes for patients.

The practice was involved in local pilots such as referral triage and pre-diabetic structured education. There were ongoing discussions with the two nursing and four residential homes which the practice supported on how to improve care for patients.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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