

Inspection Evidence Table

DELTA HealthCare (1-5612635590)

At Park Health Care Centre

Inspection date: 7 August 2019

Date of data download: 01 August 2019

Overall rating: Requires Improvement

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

Safe

Rating: Required Improvement

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

We rated the service as Requires Improvement because; Recruitment checks were not in line with practice policy, the process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin and methotrexate) was not fully followed. The practice did not monitor the use of blank prescriptions throughout the practice.

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.	P
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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The staff we spoke with had a good knowledge of the safeguarding process.</p> <p>However, most of the staff were new to the practice and had commenced work during the last month. Staff told us they had received safeguarding training in their previous employment. We were told that all staff would have their safeguarding training checked and be offered the appropriate training.</p> <p>The safeguarding policy and procedure require review to make sure the named safeguarding lead is appropriate.</p> <p>Currently only clinical staff who have completed safeguarding training and have a Disclosure and Barring Service (DBS) check provide chaperoning.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	P
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	P
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> In the four staff files we looked at we saw that the practice had received references for two members of staff. In another two files we found no evidence that references had been received. Following the inspection, we received evidence that references for another member of staff had been received. We saw no formal checking of identification including photographic identity. Following the inspection, the practice provided assurance that this was being addressed. We saw that the practice was applying for DBS checks for all staff. We saw that medical indemnity insurance only covered the GP. Following the inspection, we received confirmation that this had been addressed and the medical indemnity now provided cover for the GP, nurse and health care assistant (HCA). We saw that not all staff had their vaccination status recorded in line with current Public Health England Guidance. The practice told us this was being addressed and that all newly appointed staff were asked to complete questionnaires to establish their current vaccination status. 	

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: October 2018	Y
There was a record of equipment calibration. Date of last calibration: October 2018	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: September 2018	Y
There was a log of fire drills. Date of last drill: 7 August 2019	Y
There was a record of fire alarm checks. Date of last check: Thursday of each week	Y
There was a record of fire training for staff. Date of last training:	N
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 21 February 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p data-bbox="57 1283 807 1317">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1339 1525 1440">On the day of inspection there was a fire evacuation that we witnessed involving all the four practices housed in the building. It was unclear if there was a fire warden appointed by the practice. Following the inspection, we have been told that this has now been actioned and three fire wardens appointed.</p> <p data-bbox="57 1518 1535 1664">We saw evidence that staff employed by the practice in early 2019 had completed fire training, However, the staff currently employed by the practice were all new and not all had completed formal fire training. The staff were all aware of what to do in the event of fire and we witnessed this at an unplanned fire evacuation on the day of the inspection.</p> <p data-bbox="57 1697 1525 1776">We saw that fire procedures were covered in the induction and we were told that all staff will have access to online fire training.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 03/02/2019	Y

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 04/02/2019	Y
The practice manager told us they were familiarising themselves with the Health and Safety assessments undertaken by previous staff.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	P
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.	N
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw that staff were all new to the practice and had not yet commenced training. However, the staff we spoke with had a good knowledge of infection, prevention and control (IPC). We were told that training was made available to all staff on line in terms of IPC.• The last infection control audit had been completed in March 2019 and had been reviewed by the current practice nurse. We saw that some actions had been identified and actioned. Examples the these were the ordering of new examination couches for the practice.• The new practice nurse had commenced hand wash audits (1/8/2019) and monthly IPC checks. However, we did not see daily room checks or clinical equipment cleaning checks.• We saw that the seating in the waiting area which is shared with the neighbouring practice had exposed foam on back of most seats. This had not been highlighted in the infection control audit conducted by DELTA Healthcare.	

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	Y

unwell patient and had been given guidance on identifying such patients.	
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We were given assurance that non – clinical staff would access Sepsis training on line. All staff were aware of the need to contact clinicians when they were concerned about patient’s welfare and knew the signs of sepsis. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recommenced some meetings such as gold standards framework meeting and we saw minutes of this.</p>	

Appropriate and safe use of medicines

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

Please note the data used in this report relates to 2017/18 data and does not totally reflect the progress made since the provider commenced at the practice.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.00	0.87	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)	8.5%	4.6%	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)	4.09	5.60	5.61	Tending towards variation (positive)
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)	5.24	3.79	2.07	Variation (negative)

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.	P
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	N/A

Medicines management	Y/N/Partial
or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	P
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	P
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice did not hold all the recommended emergency medicines. However, the missing items were ordered during the inspection to be delivered that day. • The GP bag had a range of medicines all of which were in date. However, the GP told us that he takes no medicines on home visits. The practice did not have a risk assessment in place to support this decision. • The practice was not monitoring the movement of blank prescription throughout the practice. • We saw that the practice had introduced checks to ensure the process for the management of medicines including high risk medicines was followed. We looked at patients' records where patients had been invited for medicine reviews and reviews had taken place. However, we saw that in three out of the four records where patients were taking high risk medications, there was no recorded blood test results. • Prior to the recent change of staffing we saw that the cold chain had not been effectively monitored with numerous gaps in the recording of temperatures. We saw a process has now been established to ensure daily readings were recorded. The practice was previously using two thermometers both reading different temperatures. However, both thermometers were reading 	

Medicines management	Y/N/Partial
<p>within the required limits. In response to this identified issue the practice had purchased a data logger to effectively monitor the fridge temperature.</p> <ul style="list-style-type: none"> We found no cold bag in the practice to transport vaccines. However, the nurse provided assurance that this has now been ordered and would be delivered in time for the Flu season. 	

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:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice did not currently hold SEA meetings to share with staff the incident and actions to prevent reoccurrence. However, the practice provide reassurance that this has been planned.</p> <p>We could not see that all actions implemented following a significant event had been followed up.</p>	

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

Event	Specific action taken
Late diagnosis of prostate cancer	<p>A patient was diagnosed with prostate cancer. Review of the patient records identified the patient to have had a raised Prostate Specific Antigen (PSA) for several years. A PSA test is a protein produced by healthy and malignant cells in the prostate gland. The test is used in the diagnosis of prostate cancer.</p> <p>The practice conducted an audit and identified patients with a raised PSA. All patients identified were reviewed and referred to a urologist where indicated using the two-week rule. Staff were trained to ensure all pathology results were seen and checked by a GP.</p>

Medication and cancer reviews not conducted in a timely manner.	<p>Audits of patient records identified a significant number of patients registered at the practice who had not had a medication review since 2012. The current provider took over the practice in 2018.</p> <p>All patient records were reviewed, reminders on the computer system were added to patient records. Patients were invited into the practice for a medication review, local pharmacies also inform patients that their medication review is due.</p> <p>Where patients have previously suffered from cancer an alert had been added to their records to ensure clinicians were aware of the patient's history when reviewing them.</p>
Approved emergency oxygen being unavailable within the practice	<p>During a medical emergency the GP identified that the oxygen available in the practice was not suitable for use in a medical emergency. It was also identified that the practice in the past had borrowed oxygen from another practice.</p> <p>Following this incident, the practice purchased its own oxygen from an approved supplier.</p>

Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		P
Staff understood how to deal with alerts.		Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the process for receiving, reviewing and actioning of safety alerts had been poor. The GP told us he currently receives them. However, the practice was in the process of implementing a new process to ensure all alerts were shared, logged and actions recorded. We found no evidence of an alert circulated in 24/07/2019 had been received or actioned.</p> <p>We saw that an alert regarding prescribing sodium valproate to child bearing age women had been actioned.</p>		

Effective

Rating: Required Improvement

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

The requires improvement rating has impact all the population groups and so we have rated all population groups as requires improvement.

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.32	0.87	0.77	Variation (positive)

Older people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> 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. However, we were told that there had been a back log of medication reviews from the previous provider and the practice was trying to address this.
- 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.
- The practice provided home visits and offer 'sit and wait' appointments.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice was aware that they were not performing well in some areas such as the review of long-term conditions mainly due to changes in staffing and allocated hours. However, we saw that the practice had in place a plan to address this.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

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>	86.5%	77.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.0% (17)	16.3%	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>	67.4%	78.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	13.2% (14)	12.0%	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>	93.9%	80.3%	80.1%	Variation (positive)
Exception rate (number of exceptions).	6.6% (7)	15.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.1%	78.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (1)	16.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	44.2%	88.4%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	5.5% (3)	16.6%	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) <small>(QOF)</small>	84.1%	83.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (7)	5.4%	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) <small>(QOF)</small>	87.5%	87.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.6% (3)	4.2%	6.7%	N/A

Any additional evidence or comments

- The exception rates were within acceptable levels.
- The practice had increased the number of working hours for the new practice nurse who was to address overdue checks for long term conditions.

Families, children and young people

Population group rating: Requires Improvement

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	11	12	91.7%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	18	19	94.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	18	19	94.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	18	19	94.7%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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.

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)	81.3%	73.2%	71.7%	Tending towards variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	81.2%	70.4%	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)	62.8%	54.7%	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)	68.8%	60.1%	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%	46.5%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- Same day appointments were available as the practice operated a 'sit and wait'.
- The practice was in the process of offering all patients with a learning disability an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: requires improvement

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The current staff told us they had previously received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The GP has undertaken training in the management of drug and alcohol misuse.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	30.0%	87.7%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	20.5%	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) <small>(QOF)</small>	30.0%	88.2%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	18.8%	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) <small>(QOF)</small>	91.7%	82.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.3%	6.6%	N/A

Any additional evidence or comments

The practice was aware of the significant variations in mental health indicators and had introduced plans to improve engagement with this patient group.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	468.6	533.1	537.5
Overall QOF score (as a percentage of maximum)	83.8%	95.4%	96.2%
Overall QOF exception reporting (all domains)	4.1%	6.8%	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.	P
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
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years.

We saw the practice were in the process of introducing a quality improvement plan with the new staff in post. All practice staff other than the health care assistant had been employed in the last eight weeks.

Any additional evidence or comments

All audits were one cycle on the day of the inspection, following the inspection we saw that several audits had undergone a second cycle.

The provider carried out a PSA audit following analysis of a significant event. The audit reviewed the practice list of patients who were border line or had a significantly raised PSA. The audit identified a total of 171 patients with an abnormal PSA, five patients were later diagnosed with prostate cancer. Following this audit cycle a protocol for handling pathology results was developed. A second cycle of the audit is required to demonstrate continuous improvement in care.

An audit of the treatment of Vitamin D deficiency with loading dose of Vitamin D3 audit contained two audit cycles (the second cycle was undertaken following the inspection day). This audit also followed a significant event. The audit demonstrated the need to improve communication with patients about the medication and length of loading treatment. Improve training and communication with staff in relation to the checking of repeat prescription and prescribing within the practice.

Effective staffing

The practice was unable to demonstrate that although staff had the skills, knowledge and experience to carry out their roles, the checking of competency was in its infancy.

	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.	P
The practice had a programme of learning and development.	P
Staff had protected time for learning and development.	P
There was an induction programme for new staff.	P
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.	P
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
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"> The staff had been given a training assessment form to complete to enable the practice to establish learning and development needs for all staff. We saw that some profiles had been completed. The practice had access to online training for staff. Following the inspection, we received a training plan for the practice. We also saw that the practice nurse had been enrolled for a dermoscopy course commencing 27 August 2019, which when completed will make her the only nurse in Hull to hold this qualification. The practice manager told us protected learning time would be allocated to staff. Staff we spoke with told us they had received an induction. However, the induction was verbal and had not been recorded. Following the inspection, the practice provided a written version of the staff induction which staff had been asked to complete. Staff told us they were well supported, the practice manager made regular contact with the team doing a walk around three times a day. The process of appraisals has not yet commenced but we saw plans for the introduction. On the day of inspection, we did not see a process in place for checking professional competence and qualifications of clinical staff. Following the inspection, we were provided with 	

assurance this process was now in place.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had recently introduced clinical meetings during the day to review patients of concern.	
We saw that the practice completes the 'recommended summary plan for emergency care and treatment' (ReSPECT forms). This details professional recommendations for the patient's clinical care in partnership with the patient in the event of an emergency were the patients is unable to express choice.	

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>	96.5%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.3% (7)	1.0%	0.8%	N/A

Consent to care and treatment

The practice was able demonstrate that it 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: Currently the practice does not undertake any procedure that require written consent. The practice does record verbal consent in the patients notes.	

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: <ul style="list-style-type: none"> The practice has appointed a Carer's and a Dementia Champion. 	

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	none
Number of CQC comments received which were negative about the service.	none

Source	Feedback
CQC comment cards	The comments were positive and described the staff as excellent, fantastic, helpful, caring and very professional. One response was in polish (one third of the practice population were polish) two members of staff were able to speak polish.
Patient questionnaires	<ul style="list-style-type: none"> We received five patient questionnaires which were positive. However, patients commented that they waited between 3 and 5 days for an appointment (although we were told the practice operated a sit and wait) process for appointments. Patients also told us that appointments do not run on time and they were not provided with information to indicate appointments were running late.

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
2379	261	101	38.7%	4.25%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	81.8%	84.0%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	87.1%	82.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	88.0%	92.5%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	79.0%	74.7%	82.9%	No statistical variation

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

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
The practice identified a staff member as the carers and dementia lead.	

Source	Feedback
Interviews with patients.	We spoke with a member of the patient participation group who told us he was happy with the care he and his wife had received and found the new staff to be helpful, professional and caring.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	83.1%	89.2%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	There are 83 carers identified which is 3.4% of the practice population.
How the practice supported carers (including young carers).	The practice currently has no young carers identified, with a carer advocate they hoped to identify young carers in the future.
How the practice supported recently bereaved patients.	Currently the GP contacts the family by phone when they were known to the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

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.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	N/A

The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were able to use the service to order repeat prescriptions make and cancel appointments. Currently the practice does not undertake online consultations.</p>	

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: One third of the practice population were polish speaking and two members of staff were able to speak polish.	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	08.00 to 18.00	
Tuesday	08.00 to 18.00	
Wednesday	08.00 to 18.00	
Thursday	08.00 to 18.00	
Friday	08.30 to 18.00	
Appointments available:		
Monday	9.00 am - 12.00 Noon	3.00pm - 5.30pm
Tuesday		2.00pm to 5.30pm
Wednesday		2.00pm to 5.30pm
Thursday		2.00pm to 5.00pm
Friday	9.00 am - 12.00 Noon	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2379	261	101	38.7%	4.25%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	94.3%	91.6%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

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.

Families, children and young people

Population group rating: Good

Findings

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

Working age people (including those recently retired and students)

Population group rating: 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.
- The practice was open at different times during the day with appointments available between 8am until 17.30 pm on a Monday to Thursday and until 16.30 on Friday.

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.

**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.

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 necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	85.6%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	75.9%	55.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	68.3%	56.1%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	82.0%	66.9%	73.6%	No statistical variation

Source	Feedback
For example, NHS Choices	<p>One comment received August 2019 rated the practice one star and complained about delays in receiving blood results and poor communication between the GP and receptionists.</p> <p>We reviewed all blood tests and tasks on the day of inspection and found no tests or task unactioned.</p>

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice needed to add in information about referral to ombudsman into the complaints policy and information.</p> <p>We saw that some complaint responses did not address all the issues raised in the complaint.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A family removed from the practice list against their will.	The practice introduced a procedure to prevent this happening again and have added the policy and procedure to the staff handbook.
A complaint that a home visit was not done in a timely manner	The practice reviewed the process for recording and triage of home visits and improved communication with staff.

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: At the time of the inspection all staff in post were new to the practice having been employed within the past two months. The practice manager (PM) was employed in June 2019. The practice had been without a practice manager for nearly a year With the support of the CCG the practice has reviewed the management and leadership within the practice to improve the governance and management. The new PM and GP have both enrolled in different practice management courses to support them in improving the management of the practice.	

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.	P
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

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.	N
Staff had undertaken equality and diversity training.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice currently does not have a freedom to speak up guardian in place as all the staff are new and currently settling into new roles. The practice told us they plan to address this.</p> <p>The training of the new staff has not yet taken place. However, the staff have access to this training on line and have received previous training. We were provided with a training plan following the inspection and minutes of the first practice meeting held with the new staff team.</p>	

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

Source	Feedback
Staff interviews	The staff we spoke with were complimentary about the practice and told us they were supported by the clinicians and management team. They told us that the practice manager is continually offering support and encouragement.

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:	
<p>The governance structures in place were new to the team and had therefore not been reviewed however plans were in place.</p> <p>The practice had not commenced regular formal meetings across the team, but we saw the first meeting had been scheduled. The team was small, and we observed constant communication with the team.</p> <p>Staff were clear about their roles and responsibilities. They brought to the practice experience and knowledge having worked in GP practice prior to their current role.</p>	

Managing risks, issues and performance

There were 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.	P
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.	P
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
There was some audit activity within the practice. We saw mention of several audits however they were not all written up and most were at the cycle one stage.	
Staff were aware of the major incident plan and what to do in an emergency but had yet to receive formal training.	

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

If the practice offered online services:

	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

Engagement with patients, the public, staff and external partners

The practice involved 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:	

Feedback from Patient Participation Group.

Feedback
The group had been recently established and had so far managed to have two meetings. Both meetings were attended by the GP and PM.
We saw that the PPG raised issues such as access to appointments and suggested issues such as prioritising patient who may need to be seen quickly.

Continuous improvement and innovation

There was 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.	P
Explanation of any answers and additional evidence:	
The practice staff were newly appointed, and the practice were currently establishing continuous learning and development. The starting point for the practice was establishing of what experience and courses the new staff had completed and what courses they required and when.	

Examples of continuous learning and improvement

The practice was working on the following areas of development:

- Review and improve services within the practice
- Continual development of the workforce
- The practice plans to initiate cryotherapy for minor skin lesions.
- Develop dermoscopy screening in the practice.
- Develop the Lead Nurse to undertake dermoscopy.
- Providing nurse and GP training placements.
- The practice planned to use the Arden's a clinical decision-making tool and templates

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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