

Care Quality Commission

Inspection Evidence Table

The Brook Surgery (1-3228642188)

Inspection date: 1 August 2019

Date of data download: 08 August 2019

Overall rating: Requires Improvement

We inspected the practice in July 2018 and rated the practice Requires Improvement overall and for providing safe services as not all risks had been assessed and managed. We rated the practice requires improvement for providing responsive services as patient satisfaction was lower than local and national averages relating to access to care and treatment. We rated the practice as requires improvement for providing well-led services because governance arrangements in place were not effective.

During this inspection we rated the practice as requires improvement overall. Although the practice was able to demonstrate significant improvements in addressing concerns raised from the previous inspection. We rated the practice as requires improvement for providing effective services, due to lower than average cervical screening and childhood immunisation uptake data. The practice told us that they had begun to audit cervical screening and data provided by the practice showed that there had been the beginnings of some improvement. The practice also provided additional data for the first quarter of 2019 in relation to childhood immunisations, but this was not conclusive and did not indicate an overall improvement. We rated the practice as requires improvement for providing responsive services because the practice was yet unable to demonstrate that patient satisfaction relating to access to care and treatment had sufficiently improved.

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

Safe

Rating: Good

At the previous inspection, the practice was rated requires improvement due to lack of sufficient consideration and mitigation of risk. At this inspection, the practice demonstrated that they had addressed the concerns that were raised in the previous inspection but are still rated as require improvement due to concerns with the safe management of vaccines.

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

Safeguarding	Y/N/Partial
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: 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: April 2019	Y

There was a log of fire drills. Date of last drill: August 2018	Y
There was a record of fire alarm checks. Date of last check: August 2018	Y
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: August 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018	Y
Explanation of any answers and additional evidence:	

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: December 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
The practice employed an external cleaning company to ensure that the branch site was cleaned regularly. Although the premises appeared clean, the practice was unable to demonstrate that they had assured themselves that cleaning duties performed by this company had been completed.	

Risks to patients

There were 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 needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
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, however this was not fully effective in relation to the safe storage and monitoring of vaccines.

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)	0.46	0.84	0.88	Significant Variation (positive)
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)	6.1%	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)	4.11	5.13	5.61	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)	1.20	1.79	2.07	Tending towards variation (positive)

Any additional evidence or comments

The practice demonstrated that they had taken a proactive and comprehensive approach to management of prescription items that have the potential to be overprescribed, for example, antibiotics and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Patients were reviewed regularly with support from the Clinical Commissioning Group (CCG) pharmacist and polypharmacy (for patients on more than one medicine) team.

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	Y

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.	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.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice was unable to demonstrate that vaccines had been stored correctly or were appropriately monitored. Temperature monitoring at both the main site and the branch site were inconsistent and some were not in range. We were told that data logger information was downloaded and reviewed each week, however the practice was unable to provide evidence that this had taken place in the last 12 months. Since the inspection the practice have taken proactive steps to ensure that Public Health England (PHE) guidelines are followed going forward and that appropriate oversight is in place to ensure monitoring of cold chain is effective.</p> <p>Following the inspection, the practice had taken steps, with support from the Clinical Commissioning Group (CCG), to review and manage any potential risk associated with vaccine storage. This included, installing new data loggers, referring the matter to PHE for review, reviewing all patients potentially affected and employing a dedicated member of staff to ensure oversight of this on a daily basis who had also trained staff in the safe handling of medicines in the form of vaccines. The practice told us that the system will now be regularly reviewed by the leadership team to ensure it is effective.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
Medical emergency	In response to a patient experiencing a medical emergency in the reception, the practice ensured that all staff received refresher training on emergency medicines and equipment. This was because the practice felt this was a stressful situation for staff and their confidence would be increased by repeating this training.
Equipment failure	In response to equipment failure the practice reviewed their policies and ensured that all contingencies plans and major incident plans were updated.

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 comprehensive actions taken as a result of two recent alerts. Including patient searches and letters sent to patients informing them of the alert and any next steps they had to take such as making an appointment to see a healthcare professional at the surgery.	

Effective

Rating: Requires Improvement

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>	0.61	0.76	0.77	No statistical variation

Older people

Population group rating: Good

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. 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.
- 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) <small>(QOF)</small>	72.3%	80.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.6% (29)	12.5%	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>	73.8%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.3% (28)	10.4%	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	80.4%	81.3%	80.1%	No statistical variation

12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	5.5% (21)	11.4%	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)	71.7%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (19)	6.3%	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)	95.7%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	43.9% (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)	84.7%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (25)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.2%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (1)	8.2%	6.7%	N/A

Any additional evidence or comments
The practice demonstrated that on the whole, exception reporting was generally in line with local and national averages. When patients were exception reported, this was done so by a clinician and in line with practice policy and national guidelines. High exception reporting relating to patients with COPD was partly due to the small number of patients involved, we discussed this with the practice and reviewed records. Records we viewed confirmed that patients had been appropriately invited to attend a review and that exception reporting had taken place with clinical oversight.

Families, children and young people

Population group rating: RI

Findings

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

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	87	105	82.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	50	68	73.5%	Below 80% uptake
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) (01/04/2018 to 31/03/2019) (NHS England)	50	68	73.5%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	50	68	73.5%	Below 80% uptake

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

Any additional evidence or comments

The practice demonstrated that they had begun a comprehensive programme of patient education relating to childhood immunisations. They were also sending text messages to parents/carers of children whose immunisations were outstanding to remind them to make an appointment and of the importance of

immunisations. Children who did not attend their immunisations were formally discussed with the health visitor in monthly meetings and the practice safeguarding lead was made aware. Following the inspection, the practice provided us with additional data relating to the first quarter of 2019, but this was not fully conclusive.

It showed that for the first quarter of 2019 only;

- The coverage for the percentage of children aged one who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) was on average, 82.86% (82.9%), which **did not demonstrate an increase or decrease**.
- The percentage of children aged two who received their booster immunisation for pneumococcal infection was 71%, which **indicated a decrease of 2.5%**.
- The percentage of children aged two who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C was 80.6% **indicating an increase of 9.1%**.
- The percentage of children aged two who have received immunisation for measles, mumps and rubella was 71%, which **indicated a decrease of 2.5%**.

Working age people (including those recently retired and students)

Population group rating: RI

Findings

- Data provided by Public Health England (PHE) showed that bowel and breast screening uptake was in line with local and national averages, but cervical screening was below target. The practice was aware of this outlier and had taken action to address this.
- 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)	65.3%	68.1%	71.7%	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.8%	63.8%	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)	43.6%	44.0%	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)	81.8%	74.2%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	72.7%	52.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice had ensured that cervical screening sample takers were up to date with training and monitored their inadequacy rates, which was below 5%. The practice was using technology to text message eligible women to remind them of their cervical screening and the importance of being tested. The practice had a large BME population, which they told us presented challenges to patients engaging with intimate tests. Uptake achievements were also formally discussed in team meetings to ensure that systems were in place to discuss outstanding cervical tests opportunistically with patients. Cervical screening uptake results had decreased since the last inspection, however indicating that the practice's efforts for improving patient outcomes were not yet being effective. Uptake in the previous report was 68.3%. Following the inspection, the practice provided us with data indicating that their uptake had begun to improve and was at 66%, this is however, still below the uptake from the last report and below target.

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 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: Good

Findings

- The practice assessed and monitored the physical health of people with 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.
- All staff had received dementia training and on an ongoing basis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.3%	89.5%	Significant Variation (positive)
Exception rate (number of exceptions).	1.2% (1)	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)	96.1%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.2% (6)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.6%	85.9%	83.0%	Variation (positive)
Exception rate (number of exceptions).	2.4% (1)	6.0%	6.6%	N/A

Any additional evidence or comments

The practice demonstrated that they were proactive in reviewing and engaging with their mental health and dementia patients. The practice had built good relationships in order to better provide quality care to these patients. This was supported by Quality outlook Framework (QOF) achievements, which were above the local and national averages.

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)	550.0	546.1	537.5

Overall QOF score (as a percentage of maximum)	98.4%	97.7%	96.2%
Overall QOF exception reporting (all domains)	6.3%	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.

The practice demonstrated clinical audits relating to two types of medicines; one taken for epilepsy and one for rheumatoid arthritis. These audits were comprehensive and demonstrated improved outcomes for patients, including to ensure that these patients were appropriately monitored, their consultations were appropriate, they were correctly coded on the clinical system and that administration staff were following up these patients where necessary.

Any additional evidence or comments

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:	

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
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:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any	98.1%	96.1%	95.1%	Tending towards

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>				variation (positive)
Exception rate (number of exceptions).	0.0% (0)	0.6%	0.8%	N/A

Any additional evidence or comments

The practice was proactive in discussing healthy lifestyles with all patients with mental health and long-term conditions to ensure that they had the opportunity to access stop smoking services in the community. Patient notes we viewed confirmed this.

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:	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally 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.		24
Number of CQC comments received which were positive about the service.		15
Number of comments cards received which were mixed about the service.		9
Number of CQC comments received which were negative about the service.		0
Source	Feedback	
CQC comment cards	Of the 24 comment cards we received, eight were specific about kindness, respect and compassion and were positive. Mixed responses did not relate to how patients felt staff treated them.	
Patient conversations	Patients we spoke with were positive about the service in terms of the kindness, respect and compassion they feel are shown to them by staff.	

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
5187	458	101	22.1%	1.95%

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	79.6%	86.8%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2019 to 31/03/2019)				
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)	78.1%	85.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	90.0%	94.4%	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)	61.7%	80.1%	82.9%	Variation (negative)

Any additional evidence or comments

The practice told us that the lower than average scores in patient satisfaction regarding overall experience related to access to care and treatment, rather than staff attitude or conduct. The practice explored this in their in-house survey conducted in early 2019. The results of the survey confirmed this.

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

Any additional evidence

The practice had conducted their own survey from January to March 2019. Approximately 30 patients responded to the survey; two questions, of eight, somewhat related to patients experience of a caring service. Approximately 83% of the respondents for the first question (Did we meet your requirements?) responded positively and approximately 85% of the respondents to the second question (Were you satisfied with the content, advice and length of time you were given?), relating to the caring key question were positive about the service.

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:

Easy read and pictorial materials were available, the building had braille on all doors to aid patients who were visually impaired, and staff were multi-lingual to aid patients whose first language was not English.

Source	Feedback
Interviews with patients.	Patients we spoke with were positive about how involved they felt in their care and treatment.
CQC Comment cards	Of the 24 comment cards we received, ten were specific about how involved patients felt in their care and treatment. Seven were positive and three were less positive.

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)	78.3%	91.9%	93.4%	Variation (negative)

Any additional evidence or comments

The practice ensured that all staff including GPs had completed customer service training and acknowledge that due to issues with staffing, patients reported that they had seen a number of different locums that impacted continuity of their care. Although there were no plans to recruit more doctors, the practice had ensured that patients had access to an Advanced Nursing Practitioner (ANP), an Advanced Clinical Practitioner (ACP) and a team of Health Care Assistants (HCAs), who were trained and, where appropriate, qualified to see patients for reviews, management of long-term conditions and minor ailments. These additional professionals were supervised by doctors regularly. Although the question of involvement and care and treatment was not covered in the practice in-house survey, there were opportunities for open comments to be made. No negative comments were made in this regard by patients that answered the survey and 70% of CQC comment cards were positive about involvement in care and treatment.

	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 69 carers from their list, which was more than 1% of the practice population.
How the practice supported carers (including young carers).	The practice provided carers with flu vaccines each year and offered health checks to those who were eligible. Carers were also provided with a carers pack with information and signposting to local support groups in the community.
How the practice supported recently bereaved patients.	The practice was respectful of cultural traditions relating to bereavement and burial and provided death certificates as quickly as possible. Information was provided on support groups, and appointments with a doctor were offered to discuss their needs if necessary.

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
Explanation of any answers and additional evidence:	

Responsive

Rating: Requires Improvement

This is because although the practice demonstrated proactive efforts to address patient satisfaction, this remained below averages in some areas, the practice continued to educate patients and check their satisfaction with in-house survey questions they felt would be more understood by their patients, but no formal analysis had been completed. This affects all population groups.

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.	Partial
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:	
Some patients reported that due to the high number of locum GPs there was a lack of continuity in their care. These patients had expressed this opinion through the practice in-house survey, via NHS Choices website and CQC comment cards.	

Practice Opening Times	
Day	Time
Opening times: The Brook Surgery	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Opening times: St Georges Surgery	
Monday	8.30am – 9pm *Extended opening
Tuesday	8.30am – 2pm
Wednesday	8.30am – 1.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	8am – 8.50pm
Tuesday	8am – 6.20pm
Wednesday	8am – 6.20pm
Thursday	8am – 6.20pm

Friday	9am – 6.20pm
Extended Access Service	The practice also offers patients appointments through the federation at local hub centres each weekday evening between 5pm and 8pm and at weekends from 8am to 3pm.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5187	458	101	22.1%	1.95%

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)	88.8%	93.2%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: RI

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: RI

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: RI

Findings

- Additional appointments were available until 8pm on a Monday for school age children so that they did not need to miss school and for working families.

- 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 under five years old were offered a same day appointment when necessary.
- The practice had signed up to a young person's charter to ensure that young people were engaged and consulted about their care and treatment. This was also part of the patient education programme the practice was engaged in to ensure that historical cultural barriers to care could be addressed at an earlier age.

Working age people (including those recently retired and students)

Population group rating: RI

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 until 9pm on a Monday. Pre-bookable appointments were also available to all patients at additional locations or hubs within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 8am until 3pm.

People whose circumstances make them vulnerable

Population group rating: RI

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people 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.
- 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: RI

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with 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

Some patients felt that they were not always 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:	

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)	42.1%	N/A	68.3%	Significant Variation (negative)
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)	40.1%	61.4%	67.4%	Variation (negative)
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)	41.3%	61.2%	64.7%	Variation (negative)
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)	46.5%	69.0%	73.6%	Variation (negative)

Any additional evidence or comments

Although patient satisfaction data from the previous national GP patient survey was low and the practice was unable to yet fully demonstrate that this data had improved. The practice had taken a number of proactive steps and were hopeful that these would demonstrate improved satisfaction over time.

The practice had conducted their own survey, but questions asked did not fully reflect the questions asked on the national survey. The survey was conducted between January and March 2019. Approximately 45 patients responded to the survey. Data provided by the practice following the inspection indicated that 76% of the patients surveyed from the branch site responded and 74% of the patients surveyed from the main site responded. Six of the eight questions asked, explored how patients felt about access to their care and treatment, although no formal analysis of the results could yet be provided, the majority of those patients who responded to the survey, did so positively to the questions asked. The practice had developed an action plan from both the national survey and their in-house survey to continue to monitor their performance in relation to patient satisfaction. This included changing appointment availability and improving patient education about using federation and branch site services.

Indicator	Practice	CCG average	England average	England comparison
<p>They told us that patients had commented that questions on the national survey were not understandable and confusing, therefore questions on the in-house survey were written in a way that the practice had assessed would be more understandable to their patients. The practice planned to run a similar survey annually to ensure that patient satisfaction is monitored regularly.</p> <p>The practice offered appointments at both the main site and the branch site as well as through the federation at local hub centres. Appointments were available seven days a week; Through the practice on Monday until 9pm and until 6.30pm the rest of the week. Through the federation, access to appointments was available each weekday from 5pm until 8pm and at weekends from 8am until 3pm. The practice told us that based on comments, conversations had with patients and from in-house survey feedback; some dissatisfaction with access was due to patients not wanting to travel to access appointments elsewhere as they valued the convenience of accessing the main site.</p> <p>In addition, as a result of patient feedback, the practice changed their appointment system to ensure that there were more on the day appointments and more late appointments for patients to attend.</p> <p>Following the inspection, the practice provided us with data from the family and friends test which indicated that the majority of patients asked (approximately 63%), would either be likely or extremely likely to recommend the practice to friends and family.</p>				

Source	Feedback
NHS Choices	One comment had been left on the NHS Choices website in the last 12 months and was not positive about access to care and treatment.
CQC Comment cards	Of the 24 comment cards we received, 12 were specific about access to care and treatment. Six were positive and six were less positive.
Patient conversations	Patients we spoke with were positive about the access to care and treatment that was available.

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.	27
Number of complaints we examined.	5
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
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patients wanting to see a doctor	Complaints regarding patients wanting to see a doctor and not and ANP or ACP were addressed by the practice through patient education and triage. Patient information leaflets were available in the waiting room and staff had undergone care navigation training to ensure that patients had access to the most appropriate professional.

Well-led

Rating: Good

This is because the practice had demonstrated a commitment to continuous learning and had demonstrated significant improvements since the previous inspection, whilst acknowledging that some work is left still to do in some other areas.

Leadership capacity and capability

There was compassionate and inclusive 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:	

Vision and strategy

The practice had a clear vision and 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:	

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	Y

informed of any resulting action.	
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff conversations	The staff we spoke with were positive about working at the practice and about the work they were doing to improve services for patients.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, these were effective with the exception of two examples.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
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>Although the practice could demonstrate that systems and processes were in place, they could not demonstrate that these were always operating as intended. For example, we found gaps in monitoring of cold chain vaccine fridge temperature at both the main site and the branch site. These were assigned to a lead role but there had been no overall monitoring completed.</p> <p>At the last inspection we found that oversight at the practice branch site was inconsistent. Although at this inspection the areas that were identified in the previous inspection had improved, there were still some inconsistencies. For example, we found that the practice had employed a cleaning contractor to clean the branch site, but the practice could not demonstrate that cleaning had been completed or that it was monitored for infection control purposes.</p> <p>Staff we spoke with, were knowledgeable and able to articulate clearly when asked about practice policies and procedures. They understood their roles and responsibilities and were clear about the roles and responsibilities of their colleagues through open discussion, meetings and well-established and clear lines of accountability.</p>	

Managing risks, issues and performance

There were processes for managing risks, issues and performance, but were still being embedded.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice was able to demonstrate improvements in the consideration and mitigation of risk but acknowledged that they still had work to do to further improve consistency across both sites. The provider had established regular reviews of working practices at both sites and tabled discussions in team meetings to further align the application of shared systems and processes.</p> <p>The practice demonstrated comprehensive clinical quality improvement activity and internal audits, although completed on the whole, were not always effective, as gaps were identified that had not been identified by the practice.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

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:	

Feedback from Patient Participation Group.

Feedback
Members of the practice participation group (PPG) we spoke with, were knowledgeable about the practice, their challenges and future plans. Comments were positive about the level of engagement with the practice, particularly with members of the leadership team and members felt involved and able to contribute freely to the development of the practice.
Out of 14 additional comments given as part of the practice in-house patient survey, five were specific about engagement with patients. Four were positive and one was less positive.

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.	Y
Explanation of any answers and additional evidence: The practice acknowledged concerns from the previous report and demonstrated a lot of work to bring about the changes necessary to address these; concerns identified were accepted by the practice from a perspective of continuous learning and an opportunity to improve services for patients.	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> The practice had made changes to the appointment system in response to patient feedback concerning access to care and treatment. They had also begun a programme of patient education relating to different professionals that they employed, trained and qualified to administer to more minor concerns from patients. The practice had joined a federation to ensure that patients received the maximum levels of access available and had further begun educating patients about the use of the branch site and local hubs through the federation. The practice had continually engaged with local community support organisations to enable patients to access low level mental health support, social and culturally sensitive support locally.

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.