

Care Quality Commission

Inspection Evidence Table

The Manor Street Surgery (1-539567468)

Inspection date: 7 August 2019

Date of data download: 09 August 2019

Overall rating: Good

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

Safe

Rating: Requires improvement

We rated the practice as requires improvement for providing safe services because:

- The practice's systems and processes to keep people safe were not always comprehensive.

Safety systems and processes

The practice's systems, practices and processes to keep people safe and safeguarded from abuse were not always comprehensive.

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.	Partial
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>All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. All staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, nurses at the practice were required to complete higher levels of safeguarding training.</p>	

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.	N
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> <p>During our inspection, the practice couldn't demonstrate that all staff had received the required vaccinations for their roles. A process was not adhered to for the practice to be assured that all staff had received the required vaccinations for their roles and that this was appropriately documented. We saw that for four GPs, four of the nursing staff and all non-clinical staff, there were no complete and appropriate records of their tetanus/polio/diphtheria status. For four of the GPs, three of the nursing staff and all non-clinical staff, there were no complete and appropriate records of their measles, mumps and rubella (MMR) status. For two of the GPs and four of the nursing staff there were no appropriate records of their BCG status, and for four of the nursing staff this was also the case for their varicella (chickenpox) status.</p> <p>The relevant staff we spoke with said all GPs had completed their BCG vaccination as this was done at a meeting in the practice and then documented in their personnel files. There were no risk assessments in place for any staff where complete and appropriate vaccination records were not available. The practice took some immediate action during our inspection and wrote to all staff requesting full and up-to-date records of their vaccination status. Senior staff we spoke with told us they expected staff to act on receipt of the letter and the practice's staff vaccination records would be complete and appropriate by the end of September 2019. This included staff receiving any outstanding required vaccinations. We saw the practice's staff screening and immunisation policy was updated during our inspection to include all the required vaccinations and staff groups.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2019	Y
There was a record of equipment calibration. Date of last calibration: July 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: June 2019	Y
There was a log of fire drills. Date of last drill: June 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly test records were mostly completed from May 2019 and there was a full alarm inspection in June 2019.	Y
There was a record of fire training for staff. Date of last training: All staff between July 2017 and July 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: June 2019	Y
Actions from fire risk assessment were identified and completed.	N/A

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Partial
<p>Explanation of any answers and additional evidence:</p> <p>A Legionella risk assessment was completed in January 2019. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment was completed by the practice manager. As part of the risk assessment, water temperature checks were completed once. These checks had not been repeated since the risk assessment. During our inspection, senior staff told us they would arrange for another Legionella risk assessment to be completed by a qualified external contractor.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. Regular and comprehensive infection control audits were completed. All staff had completed infection control training and the staff we spoke with were knowledgeable about infection control processes relevant to their roles.</p> <p>The GP consultation rooms contained carpet tile flooring which was not wipe clean. The practice reduced the risk of contamination to the floors in those rooms by completing any procedures where there was an identified risk in the nurse treatment rooms, which contained wipe clean flooring. We saw the patient chairs in the waiting area and the GP consultation rooms were fabric covered and not wipe clean. The staff we spoke with told us these were replaced as and when required if they became dirty, contaminated or heavily stained. During our inspection, the practice decided to replace the chairs in the consultation rooms with those made with a wipe clean covering and we were told 14 such chairs had been ordered.</p> <p>A cleaning contract was in place. We saw the contracted service had a cleaning colour coding system in place comprising of four colours relating to different aspects of cleaning. We saw the mops and buckets provided were only available in three of the colours. The mops were stored incorrectly. The practice took immediate action and contacted the contracted cleaning service who agreed to supply the correct items in accordance with their colour coding system.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection, we saw that built-in emergency buttons were available on the computers and a panic alarm system was installed in rooms throughout the practice.</p> <p>The staff we spoke with said temporary staff, including agency nurses and temporary locum GPs were rarely, if ever used at the practice, although a suitable induction process was in place for these staff if required. A regular long-term locum was used at the practice.</p> <p>We saw that all staff had access to a level of sepsis training appropriate to their roles. The staff we spoke with demonstrated a good understanding of the condition and their role in identifying patients with presumed sepsis and ensuring their urgent clinical review. Appropriate guidelines were available for staff to follow.</p>	

Information to deliver safe care and treatment

In most cases, 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.	Partial
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>During our inspection, we saw a process was in place to refer patients whose symptoms may indicate they have cancer to secondary care services, requesting they be seen urgently. This is known as a two week wait referral. There was no monitoring system in place (log book) for the practice to check if each patient received and attended their secondary care appointment. The practice relied on outcome letters from the secondary care services to confirm if patients had attended. The practice took immediate action and following our inspection, confirmed they had established a system of safety searches to monitor patients referred as a two week wait.</p>	

Appropriate and safe use of medicines

In most cases, the practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.59	0.84	0.88	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)	8.7%	9.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.33	5.89	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.35	1.58	2.07	No statistical variation

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

Medicines management	Y/N/Partial
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice's lower than local and national averages prescribing of antibiotics demonstrated good medical practise and adherence to national guidelines.</p> <p>Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The competence of the nurses to do this was signed by the practice manager. Recently updated British Medical Association (BMA) guidance states this should only be done by a GP or pharmacist. Following our inspection, we were told the practice had changed its procedure and GPs would sign the PGDs. We saw the practice was completing a review of how Patient Specific Directions (PSDs) were managed at the practice following post-training feedback from the healthcare assistants (HCAs).</p> <p>We reviewed 52 patients on any one of four different types of high-risk medicines. For 50 of the patients, we found their care, treatment and review was well managed. For two patients, we found that only part of, or none of the required blood tests were available on the practice's system or the secondary care results system the practice had access to. These patients were overdue their full blood tests to be prescribed the relevant medicine. The staff we spoke with told us these patients had already be written to explaining they were overdue the blood tests and would need to have these completed before being prescribed the medicine again.</p> <p>During our inspection, we found a process was in place and adhered by the prescribing lead GP for the review and audit of all prescribing at the practice. We found the two nurse prescribers (the clinical practitioner and the practice nurse prescriber) met with the GPs weekly to review and discuss patients and their prescribing, especially where there were any concerns. The nurse prescribers did not complete separate monitoring audits of their own prescribing as part of their continuing professional development. Following our inspection, senior staff at the practice told us the implementation of a self-monitoring system for the nurse prescribers would be discussed at a meeting the following week.</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:	Nine
Number of events that required action:	Nine
Explanation of any answers and additional evidence: There was an effective system in place for reporting and recording incidents and significant events. The staff we spoke with were clear on the reporting process used at the practice and we found that lessons learnt were shared to make sure action was taken to improve safety in the practice.	

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

Event	Specific action taken
A cervical smear test was incorrectly labelled with a separate patient's details.	The practice informed the patients involved and they were requested to return to the practice for re-tests. All data on patient records relating to the incorrectly labelled test was deleted to ensure accuracy.
A patient was prescribed a medicine they were recorded as having an adverse reaction to.	The medicine was removed from the patient's active medicines screen and the GP concerned was reminded about the care needed in checking allergies and adverse reactions before prescribing medicines.

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 a process was in place and adhered to for the receipt, review and monitoring of action taken in response to safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We saw examples of actions taken in response to recent alerts, including one regarding sodium valproate (a medicine primarily used in the treatment of epilepsy).	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

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) (NHSBSA)	0.42	0.60	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.

- As part of a local initiative, the practice was aligned to one care home and GPs at the practice visited the home on a regular basis to ensure residents' health needs were met.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 1,897 eligible patients aged over 65 years. Of those, 1,451 (76%) had received the flu vaccination at the practice in the 2018/2019 year.
- Staff could recognise the signs of abuse in older patients and knew how to escalate any concerns.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardio-vascular disease and prescribed statins had their care appropriately managed at the practice.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patient with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice provided its own anticoagulation clinic to monitor the treatment of patients taking oral anticoagulant medicines (medicines that help prevent blood clots). This included the provision of the appropriate blood tests. This service was provided by the nurse prescriber.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway. The clinical practitioner was a specialist diabetes nurse.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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>	83.8%	78.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.0% (57)	15.0%	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>	84.1%	76.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.2% (45)	10.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.0%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	27.5% (87)	13.2%	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>	86.9%	75.6%	76.0%	Variation (positive)
Exception rate (number of exceptions).	30.5% (188)	5.7%	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>	85.2%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	14.3% (9)	9.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.7%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (26)	3.5%	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)	88.6%	91.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (3)	5.9%	6.7%	N/A

Any additional evidence or comments

During our inspection, we reviewed the care provided to patients with long-term conditions and found these patients had received appropriate reviews or had been invited for a review. We found the practice had an organised approach towards managing these patients.

We discussed any areas of above averages exception reporting for the 2017/2018 year with senior clinical staff during our inspection. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This related to some individual categories for diabetes and asthma care. The practice's current unverified data showed exception reporting for 2018/2019 was lower than in 2017/2018 and in most cases, exception reporting was clinically appropriate. In some cases, we found patients had received a full review of their condition and were then exempted due to an administrative error. This made the exception rate higher than it should be.

We found the practice's lower than local and national averages prescribing of hypnotics demonstrated good medical practise and adherence to national guidelines.

Families, children and young people

Population group rating: Good

Findings

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice 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.
- A range of contraceptive and family planning services were available.
- There were six to eight week post-natal and child health checks. Baby vaccination clinics were

available at the practice.

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)	100	113	88.5%	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)	128	134	95.5%	Met 95% WHO based target
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)	129	134	96.3%	Met 95% WHO based target
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)	128	134	95.5%	Met 95% WHO based target

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

Figures from the 2018/2019 year showed that at that time the practice didn't meet the 90% national standard for one childhood immunisation category. We looked at the practice's own unverified data which showed that at the time of our inspection, the percentage of children aged one who had completed the primary course of the relevant immunisation was 95%. This exceeded the national standard and met the World Health Organisation (WHO) based target. This was based on 126 of the 133 eligible children having received the immunisation at the practice. Five of the remaining seven children were documented as having received or being scheduled to receive the immunisation elsewhere. For one child, parental consent was not obtained, and the immunisation was not provided. Appropriate advice was given by the practice. One child was overdue the immunisation and the practice took immediate action to write to the parents and invite them to attend the practice with their child to receive the immunisation.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had 5,052 patients eligible to receive an NHS health check. Of those, 578 had been invited for, and 369 had received a health check in the past 12 months. The practice was the best performing in its locality for the uptake of these checks.
- Patients could book or cancel appointments online and order repeat medicines 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) (PHE)	80.0%	N/A	N/A	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.2%	69.9%	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)	62.0%	55.3%	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)	74.6%	75.6%	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)	42.9%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

There was evidence to suggest the practice encouraged its relevant patients to engage with nationally run and managed screening programmes.

Public Health England data for the year April 2017 to March 2018 showed the practice achieved 80%

attainment (the threshold set for the National Health Service Cervical Screening Programme to be effective) for the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. We found the practice operated a comprehensive reminder system for patients who did not attend for their cervical screening test. They demonstrated how they encouraged uptake of the screening programme, for example, by ensuring a female sample taker was available.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- 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 clinical staff had completed training in mental capacity and Deprivation of Liberty Safeguards (DoLS).

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>	84.3%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.5% (6)	7.8%	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>	81.5%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (3)	6.8%	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>	92.5%	84.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (5)	4.6%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.0	539.9	537.5
Overall QOF score (as a percentage of maximum)	98.0%	96.6%	96.2%
Overall QOF exception reporting (all domains)	7.3%	5.2%	5.8%

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

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

We looked at the details of two clinical audits undertaken in the past year. These were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed, and the practice approach was reviewed and modified as a result when necessary. Findings were used by the practice to improve services.

The practice completed an audit to check adherence to guidance that patients should not be prescribed a specific antibiotic used to treat urinary tract infections (UTIs) for more than six months unless clinically necessary. The practice identified all its patients prescribed the antibiotic on a long-term basis and invited them for a review. For any of these patients where it was deemed clinically necessary to continue prescribing the antibiotic, a system of six-monthly blood tests was initiated to monitor their care and welfare.

An audit was completed to ensure patients prescribed types of medicines used to treat high blood pressure were having the appropriate blood monitoring tests completed. The practice took action to ensure all the identified patients were treated appropriately.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
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> <p>Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included role-specific training and updating for relevant staff, the use of an e-learning facility and twice-yearly protected learning sessions (Clinical Commissioning Group target days).</p> <p>At the time of our inspection, all eligible staff had received an appraisal in the last 12 months.</p> <p>The healthcare assistants (HCAs) at the practice were employed before April 2015. The Care Certificate didn't form part of their induction. Recently, both HCAs had been offered and had accepted participating in completion of the Care Certificate starting in January 2020.</p>	

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 three 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	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place monthly. These patients' care plans were routinely reviewed and updated.</p>	

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

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) (QOF)	91.3%	94.7%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.4% (8)	0.6%	0.8%	N/A

Any additional evidence or comments

We discussed the practice's slightly lower than averages recording of smoking status for patients with a range of conditions with senior clinical staff during our inspection. They told us they always asked patients at least once about their smoking status. Following patient feedback that it can be upsetting being repeatedly asked the question on subsequent reviews, as a practice, they've stopped doing so.

Consent to care and treatment

The practice 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: We saw the process for seeking consent was well adhered to and examples of documented informed patient consent for recent procedures completed at the practice were available.	

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
<p>Explanation of any answers and additional evidence:</p> <p>All patient services were provided on the ground floor. The practice had recently installed automatic doors at the main entrance. A ramp was provided to the main entrance and the practice was in the process of installing a ramp to the side door to assist with efficient exit in case of emergency. The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. An accessible toilet was conveniently located between the main entrance and reception and contained an alarm, hand rails and a baby changing facility. A portable hearing loop was provided. An electronic check-in kiosk was provided in 18 languages.</p> <p>The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances. We saw evidence that well attended multi-disciplinary team meetings to discuss the needs of patients with end of life care needs took place each month. These patients' care plans were routinely reviewed and updated.</p>	

Practice Opening Times	
Day	Time
Standard opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended opening times:	The practice provided extended opening from 7am until 8pm on Mondays and from 8am to 12pm on the second Saturday of each month, except July and August (compensated for by opening three Saturdays in October when possible).

Appointments available:	
Monday	9am to 11am and 3pm to 5.30pm
Tuesday	9am to 11am and 3pm to 5.30pm
Wednesday	9am to 11am and 3pm to 5.30pm
Thursday	9am to 11am and 3pm to 5.30pm
Friday	9am to 11am and 3pm to 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,996 (at the time of the survey)	258	112	43.4%	1.02%

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)	93.9%	95.2%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients, including those aged over 75 years, had a named accountable GP and were able to see a GP of their choice. 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. GPs attended the practice's nominated local care home on a regular basis to ensure continuity of care for those patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions often had their needs reviewed in one appointment and those with complex needs were offered longer appointments. 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

- 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.
- Community midwives held twice-weekly clinics at the practice.
- The health visitors were invited to monthly meetings to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.
- Patients could receive travel vaccinations available on the NHS as well as those only available privately.
- Additional nurse appointments were available from 7.30am on Mondays.
- Appointments were available outside of school hours and the premises was suitable for children and babies.

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 provided extended hours every Monday opening at 7am and closing at 8pm. The practice also opened on the second Saturday of each month (except July and August which was compensated for by opening three Saturdays in October when possible) from 8am to 12pm.
- The practice was a member of the Dacorum Healthcare Providers extended access group of practices. The practice's patients were able to access appointments seven days each week across the participating practices.
- An in-house phlebotomy service provided by the healthcare assistants was available throughout each day to take blood samples from patients for the required testing.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An Electronic Prescribing Service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice had developed their text messaging service and provided appointment reminders, the ability for patients to cancel their appointments by text, and information to patients about their

care.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 26 patients on the practice's learning disability register at the time of our inspection. Twenty of those aged 14 years and over had been invited for and 15 (58% of the eligible total) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a coding and alert system in place to ensure staff members were able to identify and support vulnerable patients.
- The practice received Purple Star accreditation from Hertfordshire County Council for the reasonable adjustments made for patients with a learning disability. All staff had received a specific training package on learning disability awareness including sections on reasonable adjustment, consent and safeguarding among others. A learning disability champion was available at the practice. Signs at the practice had been made larger and clearer and those outside were monochrome to improve their clarity. A comprehensive range of easy read material was available in the waiting area including information on blood tests, breast lumps, cervical smears, diabetes care, condom use, asthma awareness and sepsis awareness among others.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice provided care to residents of a local home for people with a learning disability. A dedicated clinic was provided for their annual health reviews to encourage a more relaxed and accommodating atmosphere for these individuals. Health reviews for people with a learning disability were completed in two stages as opposed to one longer consultation. The healthcare assistants completed the first part of the review to take blood pressure, weight and height measurements, etc. A GP then conducted the second part of the review around clinical health and well-being.

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 and voluntary organisations in the area and signposted their patients to these accordingly.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer. Mental health trust well-being workers were based at the practice once each week on Fridays.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Most appointments were released six weeks in advance with a small percentage released 48 hours and 24 hours in advance and the night before. Same day appointments and telephone consultations were available for all the GPs. A duty doctor was available every day to deal with emergency calls and appointments. Each day the GPs completed a telephone assessment of need and urgency for those patients requesting a home visit, before attending if necessary.</p>	

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)	92.0%	N/A	68.3%	Variation (positive)
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)	77.8%	71.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	70.0%	66.7%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	82.0%	76.5%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

Source	Feedback
CQC comments cards.	Of the nine patients who left comments for us, three referred to access to the practice and appointments. Two said they were always able to obtain both urgent and non-urgent appointments. One said it could be difficult to make an appointment with a named GP. All nine patients provided comments on the good care and friendly, helpful staff at the practice.

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.	Five
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system in place for handling complaints and concerns. Information was available at the practice to help patients understand the complaints system. A complaints leaflet was available in the information display rack near the reception desk. This comprehensively detailed the complaints process in place. An online comments and complaints facility was available on the practice website. This didn't provide any detail on the complaints process in place at the practice. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient arrived for their appointment to be told they didn't have one booked for that time and day.	An apology was sent to the patient confirming they did have an appointment for that time and day. A new appointment was made, and the staff member involved was readvised on the

	process for locating specific appointments on the system.
A concern was raised about a possible missed diagnosis.	The GP concerned responded with details of a full investigation including their decision making, course of clinical action and rationale. They concluded in this case nothing could've been done differently to identify or prevent the worsening of the patient's condition.

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
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our inspection, the provider partnership was stable and staff turnaround was minimal. There were no planned changes to the partnership, so no succession planning was necessary.</p> <p>In response to increased demands on primary care, the practice introduced a workflow management system. This had reduced the administrative tasks of the GPs and allowed more of their time to be focused on their clinical roles.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice agreed a five-year written strategic plan in May 2019. A weekly partners meeting was used to monitor the strategic direction of the practice throughout the year, including any evolving needs or areas of focus. Some of the main areas of strategic focus for the practice throughout 2019 were</p>	

managing the increasing demands on the practice, staff training and the significance of Primary Care Networks (PCNs) in how GP practices operate moving forwards. As part of the plan, the practice had installed automatic doors at the main entrance to improve accessibility for patients at a cost of £10,000.

Culture

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

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

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

Source	Feedback
Staff interviews.	The staff we spoke with said there was an open culture within the practice and they had the opportunity to raise and discuss any issues directly with other staff or at meetings and felt confident in doing so and supported if they did. They told us they felt respected, valued and well supported and knew who to go to in the practice with any concerns. They said they felt their well-being was a priority for the practice. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was demonstrated by such things as the availability of and adherence to most practice specific policies. There was a clear protocol in place for how decisions were agreed and a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend supported this.</p> <p>There were named members of staff in lead roles. There were nominated GP leads for a range of long-term conditions, safeguarding, palliative care, prescribing and patients with learning disabilities, mental health issues and dementia among others. We saw there was a clear staffing structure and found that staff understood their roles and responsibilities and those of others.</p>	

Managing risks, issues and performance

There were some clear and effective processes for managing risks, issues and performance. Where processes were not effective and when practicable, the practice responded immediately to rectify this.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	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
<p>Explanation of any answers and additional evidence:</p> <p>Where we identified any concerns during our inspection, the practice took action to respond or plans of action were developed to ensure any issues were resolved. For example, those in relation to staff vaccinations, the practice protocol for managing two week wait referrals, and premises, cleaning and infection control related issues among others.</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: We found the practice used accurate and reliable data and indicators to understand and monitor the performance of the practice. There was a programme of clinical and internal audit which was used to monitor quality and to make improvements.	

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 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: The staff we spoke with said they were encouraged to actively participate in practice life and share their views. An open culture among staff and management supported this. We saw there were various methods available for patients to express their views and leave feedback about their experiences including a suggestions box, an online comments facility and an active Patient Participation Group. We saw the practice reviewed and responded to all the suggestions made, including	

making changes to improve services and the patient experience.

The Patient Participation Group (PPG) met quarterly and produced a newsletter that was distributed in the waiting area and through the practice's website to provide relevant information and updates to patients. We saw that a dedicated PPG patient information board in the waiting area and the practice's website promoted the PPG and its work and encouraged patients to participate. The PPG was actively involved with Hertfordshire Health Walks (a volunteer led scheme designed to encourage walking as part of a healthy lifestyle) and encouraged patients to participate.

Feedback from the Patient Participation Group.

Feedback

From our Patient Participation Group (PPG) interview, we found they were positive about the services provided at the practice and how the relevant staff responded to suggestions made and issues raised. They had confidence in the staff team. Through a range of activities, the PPG was proactive in its attempts to encourage a wider participation and felt the practice was supportive of this, with some room for the practice to be more creative in how they utilised the PPG. They were aware of the limited age range and diversity of the group and were focused on appealing to a wider range of patients including those from younger age groups.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
The practice was a GP training practice and maintained high standards for supporting its trainees. Two of the GPs were qualified GP trainers.	
The practice was proactive in improving the support available to patients with a learning disability. They were Hertfordshire County Council Purple Star accredited in response to the positive adjustments made for these patients.	
The practice was in the early stages of participating in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients). As part of this, the participating practices were identifying areas of focus to assist in improving and diversifying the delivery of patient care.	
The practice had been proactive in the development and roll-out of a new style of website across the clinical commissioning group (CCG), designed to increase patient accessibility and interaction with practices. This included patients being able to register, book and cancel appointments, request repeat prescriptions and medicine or some health reviews online. The practice's new website went live in	

February 2019. Since then, practice data showed 899 phone calls and 470 visits to the practice, along with 138 GP appointments had been avoided as patients were able to meet their needs through the online facility. On average, there were 2,177 visits to the practice website each month.

The practice had recently introduced a new phone text service, in response to a patient with a hearing impairment highlighting the difficulties they faced in communicating with the practice. The service provided a two-way text and talk translation between patients and the practice. At the time of our inspection, two patients had started using the service.

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.