

# Care Quality Commission

## Inspection Evidence Table

### Modbury Health Centre (1-549516779)

Inspection date: 20 August 2019

Date of data download: 11 July 2019

## Overall rating: add overall rating here

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

### Effective

### Rating: Good

#### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
New guidance was received by the practice and formally discussed at team meetings. These meetings were minuted and were available on the practice shared computer drive for staff to access.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group	0.65	0.93	0.77	No statistical variation

Prescribing	Practice performance	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>				

## Older people

Population group rating: **Good**

### Findings

- 28% of the practice population were over 65. The clinical and administrative staff liaised regularly with palliative care nurses and the community nursing team to ensure this population group were provided quality care.
- Staff recognised some patients required additional help and telephoned patients who needed reminders for appointments. All non-attenders were followed up with a telephone call.
- Joint husband and wife appointments were offered to assist with transportation difficulties.
- The practice supported the Modbury caring charity that provided a transport and befriending service for this client group. The practice arranged appointments as well as organising transport for those who needed this.
- Staff recognised that some patients required additional help when being referred to other agencies and assisted them with this.
- The practice identified older patients who were living with moderate or severe frailty. Those Identified, received a full assessment of their physical, mental and social needs. Monthly frailty and palliative multidisciplinary team (MDT) meetings were held and enabled staff to discuss patients at the end of life\_(EoL) to offer a holistic approach to their care.
- The practice provided senior health checks, a shingles immunisation programme, pneumonia and flu campaigns for this population group.
- The practice followed up older patients discharged from hospital to ensure 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.

## 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.
- Patients with more complex needs were referred on to other services. In addition, the practice hosted services such as a nurse-led diabetic service and an Impact service (specialist nurse in respiratory illness) with colleagues from secondary care.

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>	89.2%	82.9%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.4% (17)	16.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.5%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (21)	14.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.6%	81.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.2% (28)	17.1%	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>	87.9%	76.0%	76.0%	Variation (positive)
Exception rate (number of exceptions).	17.6% (60)	11.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.1%	89.9%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	17.9% (15)	14.2%	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) <small>(QOF)</small>	84.1%	83.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.4% (45)	5.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.6% (7)	6.8%	6.7%	N/A

### Any additional evidence or comments

- The practice had achieved higher uptake percentages in all, but one indicator.
- The practice had an exception reporting procedure in place. The practice had monitored all their recall systems. They took the decision to move away from sending letters/texts to patients who needed to book a review with the nurse/GP for chronic disease monitoring or screening. They found that patients were more responsive to a personal telephone call from their dedicated recall manager who personally managed the recalls. Feedback from patients was positive and they stated that they felt more comfortable speaking with the same person and were more likely to turn up for their appointment. If during the telephone consultation with the patient the recall manager picked up on any hesitation or queries to book an appointment due to their concerns they would request a member of the clinical team to telephone the patient.
- The practice recognised its high exception reporting for patients with respiratory conditions and had hosted an Impact service (specialist nurse in respiratory illness) with colleagues from secondary care that had encouraged more patients to attend a review.

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisation uptake rates were 100% and were above the World Health Organisation (WHO) targets.
- Families were linked on the computer system so appointments, for example for cervical screening could be offered in school hours.
- 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.
- The practice had a dedicated teenage section on their website, this promoted KOOTH a counselling and self-help service for young people.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	32	34	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	38	38	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	38	38	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	38	38	100.0%	Met 95% WHO based target (significant variation positive)

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**  
 Parents that had concerns about child immunisations were invited in to the practice to discuss their concerns with the practice nurses. They were also referred to the health visitor and GP to help alleviate their concerns.

**Working age people (including those recently retired and students)**

**Population group rating: Good**

**Findings**

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	79.5%	75.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.4%	75.4%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	65.8%	61.1%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	51.3%	63.9%	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)	58.5%	55.5%	51.9%	No statistical variation

#### Any additional evidence or comments

We reviewed data for the 2018/2019 QOF year and found that uptake for cervical smears had improved to 83.1% which were higher than local and national averages. The practice had undertaken further steps to increase the uptake. They found from the 175 patients who were overdue their screening, 66% were aged 50 or over so only had a limited number of opportunities to be screened before reaching 65 years when they would be removed from the screening register. Their plan was for practice nurses to telephone these patients to find out what the barriers were that stopped them engaging in the screening and what they could do to alleviate any fears.

We received up to date data from the practice for the percentage of patients with cancer diagnosis within the preceding 15 months as 95.2%, this is above 51.3% in the table.

**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, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- 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%	89.0%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.2% (2)	16.6%	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)	100.0%	89.2%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.2% (2)	14.5%	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)	100.0%	84.0%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	16.0% (4)	8.1%	6.6%	N/A

#### Any additional evidence or comments

The practice had slightly above average exception reporting for where patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months. These figures related to patients who had received reviews in secondary care settings or had declined to attend.

#### 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)	547.5	544.1	537.5
Overall QOF score (as a percentage of maximum)	97.9%	97.3%	96.2%
Overall QOF exception reporting (all domains)	5.3%	6.9%	5.8%

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

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
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<b>Any additional evidence or comments</b>	
All staff were actively engaged in activities to monitor and improve quality and outcomes. Records viewed showed that all audits were presented at clinical meetings and the learning shared so that clinical outcomes could be improved.	

### 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Appraisals had been completed for all staff and a review of staff training needs had been completed. The practice had a programme of training staff had to complete.	

### 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)	Yes
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.	Yes

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
The practice was situated in a rural area with poor transport links. Staff worked closely with the local specialist nurses for diabetes and respiratory diseases as well as the community heart failure team, community hub, social care hub, leg ulcer clinic and the local hospice to ensure services were available locally.	

## 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
The practice had a focus on early identification and prevention and on supporting people to improve their health and wellbeing. For example they had for the past five years carrying out pre-diabetic screening using annual recalls and lifestyle management education.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.5%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (9)	1.0%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
We saw that when people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation.	

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none"> <li>The practice had recruited a new GP partner and a salaried GP which had increased the capacity of clinic care and support offered to patients.</li> <li>We saw that leaders effectively communicated with staff through team meetings and practice meetings, notifications, emails and staff newsletters. Meeting minutes demonstrated that staff had been consulted regarding changes made to services provided.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>The practice vision was to have great staff, give great care and have a great future. These values were clearly defined and communicated to all staff members.</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> <li>• The Partners and practice manager met regularly to discuss staffing issues, finance, premises and contracts to ensure that they were reactive and ready to face the challenges of general practice.</li> <li>• There was an open culture in which all safety concerns raised were valued. All staff felt able to and were encouraged to report incidents.</li> <li>• All complaint responses were reviewed to ensure they met the requirements of the Duty of Candour. Outcomes of complaints were used to inform staff meetings and were proactively pursued by the whole staff team.</li> </ul>	

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

Source	Feedback
Staff Interviews	Feedback included; <ul style="list-style-type: none"> <li>• There were positive relationships between staff and clinicians.</li> <li>• Staff felt supported in their roles.</li> </ul>

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

### Managing risks, issues and performance

#### There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none"> <li>• Staff were able to cross cover and support each other in cases of planned and unplanned leave.</li> <li>• The clinical system had an alarm to alert other staff members if necessary.</li> <li>• All clinicians were up to date with identifying severe infections including sepsis. We saw leaflets in the waiting area and clinical rooms. All staff had received sepsis training</li> <li>• Reception would alert a GP if a patient was acutely unwell or deteriorating and the GP would see the patient as a matter of urgency with an ambulance being requested if necessary.</li> <li>• The practice had undertaken several risk assessments including premises risk assessments. Recommendations from these risk assessments had been actioned.</li> <li>• There were health and safety systems in place and equipment was maintained in line with guidance.</li> </ul>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes

Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
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## 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> <li>The practice had installed a new cloud-based telephone system to improve patient experience following feedback from patients</li> <li>The practice was working with other practices in the areas to form a Primary Care Network. Engagement with other practices within the federation was effective and all communications were discussed to improve the services and plan for future development of the practice.</li> <li>We received 39 responses from patient comment cards. All were positive about their experiences of the practice. Patient comments included feedback that the doctors and staff couldn't be faulted; the clinical and non-clinical teams were all extremely good; care needs were met; treatment was good; Staff listened to patients; patients felt cared for; staff went above and beyond with patient care and that the practice was always clean and well maintained.</li> </ul>	

### Any additional evidence

The practice had above average scores on the National Patient Survey for patients stating that the healthcare professional was; good or very good at listening to them, good or very good at treating them with care and concern and that patients had trust in confidence in staff. The practice attributed this to the fact that they were part of the community and promoted health and well-being amongst all members of the community.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> <li>The practice had taken part in the practice improvement programme.</li> </ul>	



- Minutes of meetings and the practice weekly newsletter demonstrated that there was a focus on development and improvement and that learning from significant events, complaints, training and patient feedback was shared effectively.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

### Glossary of terms used in the data.

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