

Care Quality Commission

Inspection Evidence Table

The Eden Surgeries (1-569006466)

Inspection date: 10th September 2019

Date of data download: 19 August 2019

Overall rating: Good

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.	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: Following information governance training, the practice had asked staff to complete an on the spot questionnaire to assess their knowledge and awareness of relevant procedures to ensure the training had been effective. Four questionnaires had been completed and returned to the practice manager. These evidenced that staff were aware of the systems in place.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.21	0.57	0.77	Significant Variation (positive)
Explanation of any answers and additional evidence: The practice explained that two GPs at the practice had an interest in addiction and so patients prescribed these medicines were closely monitored and reviewed.				

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- The practice was in the process of improving their systems to manage the reviews of people with long-term conditions. Patients were to have their long-term conditions reviewed in their birthday month.
- The practice was part of a pilot which involved a regular meeting with a respiratory consultant to discuss patients with complex chronic obstructive pulmonary disease (COPD).
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- A weekly diabetic clinic was held, whereby a doctor and nurse would work alongside a dietician to manage patients with diabetes.
- Effective systems were in place to instantly and remotely communicate with other healthcare professionals to seek advice with a view to avoiding hospital admissions.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.1%	75.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.5% (52)	14.3%	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>	79.9%	74.8%	77.7%	No statistical variation

Exception rate (number of exceptions).	7.9% (36)	11.4%	9.8%	N/A
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	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>	77.6%	77.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.3% (74)	15.5%	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>	77.1%	72.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (31)	8.4%	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>	91.2%	89.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	22.9% (44)	15.3%	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)	88.7%	81.1%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.9% (28)	4.7%	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)	99.3%	90.3%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	6.6% (10)	5.2%	6.7%	N/A

Any additional evidence or comments

It had been identified by inspectors that there was higher exception reporting in respect of the percentage of patients with COPD who have had a review in the preceding 12 months.

The overall exception rate for COPD indicators in 2018/19 was 20%. Whilst this remained higher than average, improvement had been made. The practice explained that the higher exception reporting was due to several registrations of new patients from other practices where their diagnosis had not been reviewed or correctly recorded. We saw that these patients had been referred for diagnosis and where the diagnosis was yet to be confirmed, the practice had validly excepted patients from the data.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice ran a post-16 MMR campaign whereby patients who were yet to be vaccinated were invited to have a MMR vaccination.
- The practice hosted a monthly meeting of paediatric healthcare professionals to discuss children with complex healthcare needs.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	94	97	96.9%	Met 95% WHO based target
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)	94	97	96.9%	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)	93	97	95.9%	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)	92	97	94.8%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice offered early (8am), late (6.30pm) and Saturday morning appointments.
- 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	79.2%	N/A	N/A	Below 80% target

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.9%	71.8%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	59.9%	55.6%	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)	67.9%	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)	51.1%	49.9%	51.9%	No statistical variation

Any additional evidence or comments

The practice advised us that they understood the reason for the lower cervical screening data was due to relevant patients choosing to attend the family planning clinic in the locality rather than having their screening undertaken at the practice, which would not be recorded in their data.

People whose circumstances make them vulnerable

group rating: Good

Findings

- GPs carried out weekly visits to two local care homes where patients were resident.
- 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.
- 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)	64.7%	89.9%	89.5%	Variation (negative)
Exception rate (number of exceptions).	26.1% (6)	15.6%	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)	88.9%	87.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	21.7% (5)	12.5%	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)	98.2%	81.1%	83.0%	Variation (positive)
Exception rate (number of exceptions).	12.7% (8)	8.4%	6.6%	N/A

Any additional evidence or comments

Data for 2018/19 showed that achievement in respect patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record had improved. Unverified data showed that practice achievement for this indicator had increased to 85%.

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)	540.1	529.9	537.5
Overall QOF score (as a percentage of maximum)	96.6%	94.8%	96.2%
Overall QOF exception reporting (all domains)	4.9%	5.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	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
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice had implemented safe systems to review patients on high-risk medicines. They audited relevant patients quarterly to ensure that medicines were being prescribed safely.</p> <p>Other audits reviewed the effectiveness of end of life care, care of diabetic patients and two week wait referrals.</p>
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Effective staffing

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
Explanation of any answers and additional evidence: The practice provided a spreadsheet of training that had been undertaken by the clinical and non-clinical staff. Most staff had completed all required training and where gaps had been identified, time had been allocated for staff to complete this in the near future.	

Coordinating care and treatment

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

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

processes to make referrals to other services.	
<p>Explanation of any answers and additional evidence:</p> <p>There were good systems to share information with other healthcare professionals, in the case of both children and adults.</p> <p>Formal as well as informal systems were in place. Supplies for the district nursing team were available at the practice to promote regular and familiar working relationships.</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) <small>(QOF)</small>	95.8%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.1% (26)	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.	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

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice was actively involved in the Primary Care Networks (PCN) and were enthusiastic about changes in the future. Through the PCN, patients of the practice utilised the services of an emergency care practitioner to undertake appropriate home visits as well as a physiotherapist.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The partners and management team had drafted a business plan for 2018-2023 which incorporated NHS England's 5 year forward view. This was tailored to meet the specific needs of the practice, referencing issues in the locality, staffing and premises, for example.	

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
<p>Explanation of any answers and additional evidence:</p> <p>All staff had appropriate support and supervision with their line manager and there were systems to support prescribers who were not GPs. There were clear processes to inform reception staff of the most appropriate clinician to meet individual patient needs.</p> <p>As a training practice, GP registrars (doctors who are training to be GPs) were supported and supervised by GP trainers. Safe, effective systems were implemented to oversee GP registrars; for example, when registrars began their employment, there was a debrief after every patient consultation between the registrar and the GP trainer. Further, GP trainers 'countersigned' the GP registrars' consultations in the first weeks of training. This was a system whereby the trainer would review, approve and discuss each consultation with the registrar.</p> <p>The debrief and countersigning continued for as long as it was considered supportive.</p>	

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

Source	Feedback
Staff	Staff we spoke with were confident raising queries or concerns with any of the partners, GPs or management team. All staff said they enjoyed working at the practice.
Appraisals	Appraisals evidenced careful consideration and review by the appraiser of the employee's performance. When training was requested, the practice accommodated this wherever possible.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice had asked staff to complete an on the spot questionnaire to assess their knowledge and awareness of information governance procedures to ensure the training had been effective. Four questionnaires had been completed and returned to the practice manager. These evidenced that staff had understood the training that had been delivered.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
Staff had received basic life support training. Where improvements were identified as part of the training being delivered, systems were updated.	
Clinical and medicines audits were completed regularly with a view to ensuring safe review, prescribing and dispensing.	
The practice had completed a business continuity plan in the event of an unexpected interruption to the delivery of services. This included contact details of contractors and suppliers.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
Feedback in the GP Patient Survey was lower than local and national averages in some areas, as detailed below. The practice had compared the most results of the most recent GP patient survey to that	

of the previous year and had identified where there had been a decline in performance.

They had identified that the survey was completed when they were changing telephone systems and issues had been encountered. They had worked with the service provider to remedy these issues.

In relation to GP appointment times, changes had been made with a view to making improvements. The practice offered extended access in the mornings, evenings and weekends. Appointments were also available at the hub. The practice was in the process of recruiting two healthcare assistants and a GP. Staff had received care navigation training to enable them to signpost patients to the most appropriate clinician.

The practice manager explained that improvements to the availability of appointments was already being observed, with 12-15% of appointments showing as available at the end of a working week.

On the day of our inspection, the next routine pre-bookable appointment with a GP was in two weeks' time although urgent appointments were available on the day.

The practice completed their own survey in August 2019. 3750 invites were sent to complete the questionnaire and 34 replies were received. Once the replies had been analysed, the practice was intending to devise and implement an action plan.

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)	34.2%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	52.0%	61.8%	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)	48.3%	59.6%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	61.8%	70.6%	73.6%	No statistical variation

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff and stakeholders were involved and consulted on the introduction of a new documents management system.</p> <p>Staff were trained and monitored over a gradual implementation with a view to ensuring a safe change of system.</p>	

Feedback from Patient Participation Group.

Feedback
<p>Feedback from the Patient Participation Group was mixed. Whilst the group praised the staff, GPs and nurses, they explained that whilst they were able to get appointments, this was not with a GP of choice. They told us that all of the GPs at the practice were good.</p> <p>They held quarterly meetings which were consistently attended by the business manager and occasionally by a GP. They said that they received minutes of the meetings, but that they did not always receive an update on queries that they had raised.</p> <p>They told us that patients received a good service.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Significant events and complaints were considered, reviewed and responded to appropriately. Learning was shared at the relevant team meeting.</p> <p>Staff told us that their suggestions were listened to and used to shape the delivery of the service being offered. This included changes to the way the telephones were answered.</p>	

Examples of continuous learning and improvement
<p>As a training practice, the Eden Surgeries was committed to training and learning. There were effective systems to support and supervise GP registrars. Technology was utilised to record and review ongoing learning and development.</p> <p>The practice was actively involved in the implementation of the primary care networks (PCNs). Prior to the</p>

PCNs, the practice worked with others in the locality through the 'neighbourhood' to share resources and best practice and therefore, positive relationships and active communication had already been embedded into the day-to-day running. This provided an effective basis for the further changes that were being implemented.

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.