

Care Quality Commission

Inspection Evidence Table

Devonport Health Centre (1-2222870873)

Inspection date: 19 September 2019

Date of data download: 18 September 2019

Overall rating: Good

We carried out an inspection of this service due to the length of time since the last inspection on 27 July 2016. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: effective and well led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: safe, caring and responsive.

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.	Partial
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: There were key documented processes for urgent, two week and routine referrals, which were actioned promptly. However, the practice did not carry out onward checks to see if the two week waits/urgent referral patients had received a timely response from the hospital and relied on the patient advising them	

of concerns. At the time of the inspection, the practice advised they would implement this change to ensure patients received timely appointments.

The practice based clinical pharmacist reconciled all consultant letters and results to prevent delays in treatments, tasking GPs where appropriate and discussing any issues at a weekly meeting with their clinical supervisor who was a GP partner.

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	2.16	0.90	0.75	Variation (negative)

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

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.0%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	22.9% (99)	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>	83.9%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.5% (54)	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>	87.9%	81.6%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	17.8% (77)	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>	83.7%	76.0%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	24.1% (146)	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>	96.2%	89.9%	89.7%	Tending towards variation (positive)

Exception rate (number of exceptions).	20.8% (55)	14.2%	11.5%	N/A
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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>	89.2%	83.7%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	8.4% (77)	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>	79.8%	90.1%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.3% (5)	6.8%	6.7%	N/A

Any additional evidence or comments

Patient outcome performance data was closely monitored via regular searches and audits. GP partners discussed performance with the practice manager at their weekly meeting.

We focussed on exception reporting as some of patient registers had higher than the local and national averages for exemption for 2017/18.

The system of planning and implementation of patient reviews adopted by the practice in 2017/18 and 2018/19 had restricted opportunities to review patients in the latter six months of the year. The rationale given for this approach was said to avoid leaving patient reviews until the end of the year. The impact of early exception reporting then excluded a patient from being identified for a review of their long-term health condition for the rest of the year. The practice was aware that exception reporting was an area for improvement and told us no patients had been excepted or removed from the programme so far in the current year of 2019/20.

There were high levels of deprivation in the area with some hard to reach patients who had less structured lifestyles to look after their own healthcare needs. The practice knew that there was a 14-year life expectancy difference within two miles of the practice and tried to educate patients about the importance of attending health and medication reviews. Initiatives to increase uptake of reviews and screening had been implemented:

- Improved access to appointments early morning, during school hours and late evenings and an increase in nurses provided more appointments during these times.
- The practice shared unpublished data demonstrating improvement in cervical screening uptake for women in 2018/19.
- Procedures covering repeat prescribing were reviewed in March 2019. These set out maximum periods of authorised repeat prescribing with inbuilt triggers in the patient record prompting when a face to face review with the patient was required.
- When funding was withdrawn, the practice had continued to employ a clinical pharmacist who was carrying out audit, medicine reviews with patients and qualified to prescribe treatment for minor illnesses.

The practice accepted that improvement of the Quality Outcome Framework (QoF) exception reporting system and increased patient review uptake for all chronic health registers was its main focus. However, it was too early to be able to report data demonstrating the changes seen for the current year.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets for three out of four groups for children over two years old. Children under one year old who had completed a primary course of immunisation was above the minimum target of 90%.
- 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)	96	102	94.1%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	102	105	97.1%	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)	101	105	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	101	105	96.2%	Met 95% WHO based target

(01/04/2018 to 31/03/2019) (NHS England)

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 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)	63.7%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.3%	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)	47.1%	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)	53.8%	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)	61.0%	55.5%	51.9%	No statistical variation

Any additional evidence or comments

Since 2017/18 the practice had been successful in being awarded innovation funding to increase the uptake of female patients having cervical screening.

Seventy-five 'pink letters' had been sent out by the practice to women who had failed to attend for

screening. The letter was written in a user-friendly language and encouraged the patient to make an appointment or call to discuss any concerns they might have.

Nurse clinic time was increased and was used to telephone hard to reach patients to discuss and encourage them to attend for screening. A range of appointments were offered for women, including a non-intervention appointment for people who were anxious. This gave them time to discuss their concerns before agreeing to have a cervical smear.

Data shared with us at the inspection demonstrated the practice had increased cervical screening uptake and reduced the number of patient exemptions for 2018/19 to 8.3% (2017/18 exemption reporting was 9.9%). Data for the current year showed a continuing trajectory of improvement. For example, 883 out of 991 eligible women aged 25-49 years old had cervical screening in the last 3 years.

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 and support people who misused substances which facilitated safe prescribing.
- The practice had increased its identification of patients who were carers or had a carer since the Care Quality Commission annual regulatory review in April 2019 from 74 to 186 (2.4%) to ensure support was offered.

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) <small>(QOF)</small>	93.3%	89.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	38.1% (37)	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) <small>(QOF)</small>	91.5%	89.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	26.8% (26)	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) <small>(QOF)</small>	92.3%	84.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.1% (2)	8.1%	6.6%	N/A

Any additional evidence or comments

We looked at the higher exception reporting of patients with complex mental health needs. (Exception reporting is a process where patients are excluded from the programme of reviews for various reasons)

Current records were reviewed and discussed with the practice manager, pharmacist and a GP partner. The practice demonstrated several systems facilitating effective monitoring of patients with complex mental health needs:

- The practice identified clinicians needed to improve the recording of mental health reviews. Entries seen in clinical meeting minutes during the year demonstrated awareness was raised about this area, with information being given about how to record this within patient records.
- Some patients resided at a hostel, where shared care arrangements were in place regarding the safe ongoing monitoring and prescribing medicines. The practice-based pharmacist worked closely with the hostel to ensure patients attended pharmacies to collect time limited medicines.
- Quarterly audits were carried out to identify any patients who had not attended appointments and were followed up with calls to build rapport and encourage engagement with the practice.
- The repeat medication system was structured and aligned with health reviews. A risk

management tool was used to identify action needed to reduce known risks associated with medicines. Patients were contacted personally so any risks to their ongoing safety, health and well-being could be discussed. Tailored adjustments were put in place to help engage patients such as offering a face to face appointment at quieter times of the day to help reduce any anxiety they might be experiencing.

- Patients on high risk medicines, such as clopixol (used to prevent further episodes of mental illness) had blood monitoring every month to ensure it was safe to continue.
- Any patients with a previous record of an episode of mental illness that had no further episodes were exempted when there was no evidence of risk.
- The community mental health team led care plan reviews for patients under their care. The practice had access to patient care plans and worked closely with this team but did not record or carrying out the review as it was not the lead agency.

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)	549.0	544.1	537.5
Overall QOF score (as a percentage of maximum)	98.2%	97.3%	96.2%
Overall QOF exception reporting (all domains)	13.0%	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

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

The practice used audit to identify learning and plan improvement. Since April 2018, 27 audits had been carried out. One example was:

- Patients with higher blood glucose levels but not yet within the diagnostic range for diabetes were identified, monitored and receiving advice about healthy living to reduce the risk of going on to develop diabetes.

Any additional evidence or comments

The patient registration list had increased by nearly 2000 patients (2015 - 5700 to 2019 – 7600) due to the closure of three nearby practices. The practice showed us records demonstrating that all these patients were reviewed at the point of registration. Some patients were found to have not to have participated in the long-term condition review for the previous years.

The practice had raised concerns with the Clinical Commissioning Group about its findings from these reviews during the period of significant increased patient registrations for further investigations by the CCG to be undertaken

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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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

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.	NA

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

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)	97.8%	94.7%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.1% (88)	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

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.	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
Explanation of any answers and additional evidence: The practice manager explained there were two current staff vacancies, which were being advertised when we inspected. Recruitment of GPs was known challenge in Plymouth and the practice used recruitment events and a scheme for newly qualified GPs wanting work experience in inner city high deprivation practices. The practice was in discussion with the Primary Care Network to share staff across the network to add further resilience in the area.	

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

Explanation of any answers and additional evidence:

In 2019 the practice along with other practices in the area set up a primary care network. Practice membership of a Primary Care Network(PCN) was being used effectively to build resilience for the team at Devonport Health Centre.

The practice manager and GPs met weekly to discuss practice and financial management to review performance. The practice utilised resources such as the business accountant to monitor finances.

During the inspection patients gave written feedback about their experiences. Staff spoke about their pride in working at the practice, which had a relatively low turnover of staff until recently. Staff had in-depth knowledge of patients and their families registered at the practice.

Since we last inspected, the patient registration list had increased by nearly 2000 patients (2015 - 5700 to 2019 – 7600) due to the closure of three nearby practices. Staff told us this was well managed with little impact for patients already registered at the practice. Nearly all 22 CQC comment cards were strongly positive, with patients specifically highlighting the ease of being able to make appointments. The appointment schedule had gaps during the day of the inspection for urgent appointments. The next available routine appointment was two weeks later.

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support 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

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

Source	Feedback
Staff interviews	Staff told us there was an open culture, in which they were supported to undertake training for their roles. Staff were not registered as patients, but several compared their own experiences with those of patients registered at Devonport Health Centre. They said they were proud to be able to offer patients a wide range of support and patients had short waits for routine appointments compared with their own experiences in Plymouth.

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
Explanation of any answers and additional evidence:	
<p>We saw evidence of governance structures and systems demonstrating the practice was safe, effective and well led, which were:</p> <ul style="list-style-type: none"> • A rolling system of policy and procedure reviews throughout the year. • Managers were visible and routinely worked alongside staff supporting and guiding them with procedures. • Staff recruitment procedures were effective in ensuring safe appointments, including locum staff. • There was a system of appraisal and development, which included identification of training needs for every member of staff. • Staffing levels were monitored closely with forward planning taking place at known pressure points and peak times of the year. • Audit of infection prevention and control (IPC) policies and procedures provided assurance of embedded practice. • Patient medicine requirements were managed safely in the practice. • Effective escalation of concerns was seen in the way the practice utilised the yellow card system to make alerts for wider learning in the locality. • Practice staff told us they attended at least two governance meetings a year where learning was shared, and training 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	Yes

improved.	
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
Explanation of any answers and additional evidence:	
<p>Governance arrangements for management of risk, issues and performance were transparent and embedded. Examples were:</p> <ul style="list-style-type: none"> • Named staff had oversight of procedures which identified any safeguarding risks and that these risks were reported and managed properly. • Significant events were recorded, actioned and discussed. However, the practice did not carry out a systematic annual analysis for patten recognition. • Staff understand their roles and responsibilities in relation to safety and safeguarding. • Protocols provided patient advisors with clear pathways to follow to determine the most appropriate appointment or support for patients. This included safety triggers about when to escalate patient concerns to a GP. • There were effective systems to identify, understand, monitor and address current and future risks to safety and drive quality improvement. • Patient feedback highlighted the practice was respectful, open and honest with them. • There was a culture of openness encouraging staff to raise concerns without fear of retribution. Staff welfare and well-being was closely monitored 	

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	Yes

entails.	
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If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

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 virtual 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

Feedback from Patient Participation Group.

Feedback
At this inspection we did not receive any feedback from members of the virtual patient participation group.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

Since the last inspection, the practice had been approved as a teaching practice for medical students and foundation doctors. Feedback seen was strongly positive about the quality of the placement, care of patients and support given by the team.

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 practices 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.