

Care Quality Commission

Inspection Evidence Table

Lime Grove Medical Centre (1-582539814)

Inspection date: 2 October 2019

Date of data download: 17 September 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.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none">A Clinical Education Quality and Improvement Meeting was held each month for all clinicians and the practice manager. This meeting incorporated discussions on new and revised guidance, safety alerts, QOF, patient surveys, complaints, and significant events. We reviewed copies of minutes from these meetings and we found these to be extremely comprehensive.	

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) (NHSBSA)	0.87	0.61	0.75	No statistical variation

Older people

Population group rating: Outstanding

Findings

- The practice had created their own tool to identify older and vulnerable patients in 2014. The 'Sortcode' tool was based upon an analysis of hospital admissions, Accident and Emergency (A&E) attendances, visits to see patients in their own homes, out of hours contacts, and case management. The tool enabled an analysis of any codes chosen over any combination and time frame. Those patients identified were added to the community matron caseload and were also reviewed by one of the practice's own nurse practitioners whose role was focused on supporting patients within their own home. All these patients received an assessment of their physical, mental and social needs. The practice was able to demonstrate the impact of this by comparative data for their locality and the CCG. For example:
 - out-of-hours activity for 2018-19 showed contacts at 29.9 per 1,000 patients compared to the CCG figure of 46.8
 - emergency admission rates from April to October 2019 were 69.7 per 1,000 patients, compared to the locality average of 82.1.
 - A&E attendances from April to October 2019 were 127.1 per 1,000 patients compared to the locality average of 160.
- The practice had developed a housebound patient register. This ensured that these particular patients were easily identified to keep them under review.
- A weekly multi-disciplinary meeting was held in the practice with representation from a wide range of community based health and social care staff. Patients with the most complex health needs and medical problems were reviewed at these meetings so that care and support could be provided proactively.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- 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 practice team worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice team followed up patients who had received treatment in hospital or through out of hours services.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Practice prevalence figures were mostly above national averages.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. The practice had an ongoing project to detect undiagnosed atrial fibrillation by the use of a mobile screening device.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs. Patients with asthma were offered an asthma management plan. We saw evidence of safe and effective prescribing for patients with asthma.
- The practice liaised regularly with the local district nursing team, the community matron and specialist nurses to discuss and manage the needs of patients with complex medical issues. For example, joint clinics were held with the local diabetes specialist nurse to review those patients who struggled to achieve their treatment targets.
- Patients were recalled for a wider range of conditions than those incorporated within QOF. For example, patients with pre-diabetes, gout, and coeliac disease were recalled for review for ongoing monitoring and to consider if any changes to their care might be required.
- The practice had targeted patients with coeliac disease to ensure they received all recommended vaccinations. This resulted in 69% of patients identified as not having received the recommended schedule completing their vaccination schedule. The remaining patients were highlighted to try and encourage their engagement opportunistically.

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) (QOF)	89.8%	79.7%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	33.9% (166)	19.1%	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) (QOF)	82.8%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	20.4% (100)	11.9%	9.8%	N/A

	Practice	CCG	England	England
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		average	average	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) (QOF)	94.9%	81.5%	80.1%	Significant Variation (positive)
Exception rate (number of exceptions).	28.0% (137)	17.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	88.1%	77.3%	76.0%	Variation (positive)
Exception rate (number of exceptions).	36.1% (241)	8.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.7%	89.7%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	27.0% (34)	13.7%	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)	86.7%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.6% (137)	4.1%	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)	90.8%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (11)	7.8%	6.7%	N/A

Any additional evidence or comments

- The figures used in this evidence table are based on the QOF results for 2017-18. The practice was aware that they had some higher rates of exception reporting, particularly in respect of indicators related to asthma, diabetes, chronic obstructive airways disease, and rheumatoid arthritis. The practice team had been undertaking work to address this which was supported by an

action plan. They were able to provide us with unverified data that showed good improvements had been made during the last full QOF year for 2018-19. For example:

- 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 – The 2017-18 QOF report showed this at 36.1% exception reporting, whilst the practice's unverified data for 2018-19 showed a reduction to 16.3%
 - 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 - The 2017-18 QOF report showed this at 33.9% exception reporting, whilst the practice's unverified data for 2018-19 showed a reduction to 20.3%.
 - 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 - the 2017-18 QOF report showed this as 28% exception reporting, whilst the practice's unverified data for 2018-19 showed a reduction to 16.8%.
 - 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 - the 2017-18 QOF report showed this at 27% exception reporting, whilst the practice's unverified data for 2018-19 showed a reduction to 20.9%.
 - The overall clinical exception reporting rate had reduced from 19.7% in 2017-18, to 13.7% in 2018-19
- The practice continued to review exception reporting and were confident that the results for 2019-20 would demonstrate a positive sustainable reduction in exception reporting levels. This would be achieved by removing the previously used process to exception report any non-responders after a third invitation had been declined. This would be accompanied by a strategy to increase contact methods used with patients alongside improved recall systems. A data analyst had been recruited to focus on QOF to help maximise engagement with patients. Any exceptions remaining after all possible methods of engagement had been exhausted would then be reviewed by a GP partner before being finalised.

Families, children and young people

Population group rating: Good

Findings

- The practice contacted the parents or guardians of children due to have childhood immunisations. Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There was ongoing liaison with the health visitor and safeguarding cases or concerns were reviewed as part of regular multi-disciplinary meetings.
- 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. Family planning services were provided on site. In addition, a sexual health clinic was held by the local community health Trust in the practice once a month, and this was available to anyone residing locally.

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)	58	58	100.0%	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)	65	68	95.6%	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)	65	68	95.6%	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)	66	68	97.1%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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.
- Designated appointment slots were provided for telephone consultations
- Saturday morning health promotion clinics had been trialled. There were plans to repeat this three or four times a year as feedback from patients had been positive.

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	77.1%	N/A	N/A	Below 80% target

were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (PHE)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.9%	74.9%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.9%	60.2%	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)	59.1%	67.7%	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)	48.3%	47.6%	51.9%	No statistical variation

Any additional evidence or comments

- The practice told us that they encouraged women to attend for cervical cancer screening. They had provided a Saturday morning session dedicated for this service to encourage women to attend, and this had been well received. Efforts were also made to target patients opportunistically to advise them to attend for this service.
- The practice reviewed cancer diagnosis and mortality rates data quarterly to ensure timely referral and effective end-of-life management. The practice had met with Cancer Research UK and agreed actions to improve care, for example, by logging two-week referrals and setting a recall date to review these patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- All patients with a learning disability were offered an annual health check. We saw that 62% of the 48 patients on the practice's learning disability register had received an annual review in 2018. The practice told us they were continuing to engage with the remaining patients to encourage them to attend for a review, and had already either seen, or arranged to review, an additional five of the remaining 18 patients in 2019.
- 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. They liaised with local drug and alcohol team to identify patients and provide them with appropriate support. The drug and alcohol team provided training to practice staff to highlight

issues and raise awareness.

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 annual health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Where appropriate, the practice liaised with the crisis team to facilitate rapid access to appropriate mental health support.
- 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. The practice had reviewed unexpected deaths in vulnerable young adults and whilst there was no specific learning identified, it highlighted the importance of enhanced support for family members following a suicide.
- 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 had access to a wide range of counselling services and appointments could be arranged to see a counsellor at the practice if this was preferred.
- Results from the 2019 national GP patient survey showed that 90% of patients who responded felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (local 87%, national 86%).

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>	95.3%	92.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	18.9% (10)	17.0%	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>	100.0%	92.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	7.5% (4)	14.2%	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>	83.6%	83.4%	83.0%	No statistical variation

Exception rate (number of exceptions).	8.2% (6)	7.1%	6.6%	N/A
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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)	559.0	546.2	537.5
Overall QOF score (as a percentage of maximum)	100.0%	97.7%	96.2%
Overall QOF exception reporting (all domains)	10.0%	6.3%	5.8%

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

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

- The practice had a comprehensive programme of audits which were embedded in their established programme of learning and quality improvement. The audits were generally prompted by an awareness of changes in clinical practice, and were targeted to the practice profile. We saw that these were of a high standard and demonstrated positive outcomes for patient care.
- We saw four completed two-cycle audits for the period 2018-2019. For example, an audit had been taken on short acting medicines used for asthma control following a GP's attendance on an update course. The second audit cycle demonstrated a reduction in those patients who were identified as high users of this particular medicine, and patients were flagged to ensure they were kept under close review and also to raise awareness to clinicians.
- An audit on patients with gout was undertaken following the publication of new guidance. The practice considered their approach had previously been somewhat ad hoc, and so a baseline audit was completed which identified 2.5% of registered patients with a diagnosis of gout. Following discussions at a clinical meeting, standards for the future management of gout were agreed, and a re-audit in January 2019 demonstrated improvement in all seven standards that were set. A template was developed in-house to aid clinician's adherence to the agreed standards. Future audits were planned to monitor ongoing compliance.

We saw many examples of quality improvement activity supported by extensive documentation. This included:

- A clinical pathway for patients with acne had been designed in collaboration with a dermatologist and the CCG with the aim to limit resistance developing to prescribed antibiotics.

- Another project focused upon high risk medicines and frequent users of particular medicines. A review in September 2019 demonstrated a more proactive approach to the monitoring of patients to keep them safe. For example, patients with identified patterns of dependency were moved to a time-limited review prescription service, and reduced supplies of medicines subject to individual risk. Other systems were reviewed to support effective outcomes, for example, templates were updated on the computer to assist with medicines reviews. The practice was able to demonstrate that there had been a reduction in significant events linked to prescription matters further to this approach being introduced.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had identified training, some of which was defined as mandatory, and monitored that training and updates were completed in a timely manner. We saw that staff training was up-to-date on the day of our inspection. There was an inclusive approach to training and we saw that the two members of staff employed as cleaners also had training modules assigned to them (for example, infection control, moving and handling, and whistleblowing), and these were seen to be up to date. • Staff were given protected time to complete the training required for their roles. When this was not always possible, for example, for those staff who worked part-time, the practice paid staff overtime to complete their training. • The practice promoted diversification by utilising skill mix arrangements effectively. For example, a 	

full-time Advanced Clinical Practitioner started February 2018. This had a significant impact on access, alleviating pressure on GP appointments. This individual has also joined the partnership and we saw they had a key role in the practice's quality improvement programme. A part-time pharmacist had recently been appointed to the practice team and worked for one session/week at the time of the inspection. There were plans for them to incorporate minor illness care into their role. The pharmacist was an independent prescriber, and attended local prescribing leads meetings and provided feedback to the team.

- The nurse associate role was being developed. A health care assistant had started this with the intention of releasing more practice nurse time to enable a greater focus on long-term condition management.
- Most health care assistants had been employed prior to 2015, but we saw that processes were in place to assess and review their competencies. A new health care assistant had completed their Care Certificate at another practice they had previously worked for.
- An apprentice had recently commenced working at the practice. This individual spoke positively about the support received from the practice team, and told us they already felt well-integrated into the team.
- The practice was registered to support nursing student placements from the University of Derby in May 2018. The practice was in the process of becoming GP training accredited, and one of the GP partners was completing their first module to become a GP trainer.
- There was a strong emphasis on staff progression. The practice were mindful of national recruitment difficulties and had chosen to invest in developing their own team where possible. For example, we saw where staff had gone from a role on reception to become a health care assistant, and an example where a health care assistant was being supported to train as a nurse associate. Some members of the management team provided with developmental opportunities and promoted internally.

Coordinating care and treatment

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

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

- The baseline for care plans had been expanded from major disease areas to include learning disability patients and mental health. The practice utilised the Derbyshire Health and Social Care plan template for sharing key patients information with services such as out-of-hours.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice promoted the Live Life Better Derbyshire service. Patients could be referred to this service although self-referral was encouraged. This provided patients with support and advice on issues such as weight management and stopping smoking. The practice and their PPG supported a local council and voluntary services initiative called the Hurst Farm Regeneration Project. This targeted health promotion with a particular emphasis towards children and younger people. The practice had supported a Derbyshire Dales District Council health promotion initiative in March 2019. The practice premises were used for the day at which a range of information about local services and general health promotion advice was available. Guided walks from the practice were organised as part of this event. 	

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>	92.6%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (26)	0.8%	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.	N/A
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice understood the needs of the local population. It served two wards with marked variation in the Index of Multiple Deprivation (IMD). The IMD is a UK government qualitative study of deprived areas in English local councils. The practice took this into account when planning how they delivered services. The practice demonstrated compliance with the Accessible Information Standard: <ul style="list-style-type: none"> ➤ Patients were encouraged to highlight any specific needs they had regarding communication and their accessibility to the practice. This was promoted by a notice in the reception area; providing information in new patient packs; and by highlighting this on the practice website ➤ Alerts were placed on patient records to identify individual needs ➤ The practice had reviewed signage to respond to particular needs, and had accessible consulting tools for patients. For example, Makaton (a programme that uses symbols and signs to enable people to communicate) signs were used on all doors and in consulting rooms. ➤ Interpreter and signing services were made available when indicated. ➤ A sensory room has been introduced to house patients in a quiet and calming area whilst they waited for their appointment. This was separate from the main waiting area, and was helpful for patients with dementia, autism and a learning disability. ➤ 'Twiddlemuffs' were available for patients in the sensory room and to purchase. Twiddlemuffs are a thick hand glove which has buttons attached to the inside and out to provide a source of visual, tactile and sensory stimulation. These have been shown to be beneficial for use by patients with dementia, learning disabilities, and those receiving palliative care. Rooms were available within the practice which visiting clinicians could book to see patients. This 	

helped patients to access services more easily in an environment they were familiar with. Services that used this facility included speech and language therapy and counselling. The co-location of some community based health services including the district nursing team on site, aided communications about patient care

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am – 6.30pm
Tuesday	7.00pm – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	7.00am – 8.00pm
Friday	8.00am – 6.30pm
The practice opened for appointment bookings at 8am on each of these days	
GP Appointments available:	
Monday	7.50am – 11.30am; 2.30pm – 5.30pm
Tuesday	7.00am – 11.30am; 2.30pm – 5.30pm
Wednesday	8.00am – 11.30am; 2.30pm – 5.30pm
Thursday	8.00am – 11.30am; 2.30pm – 5.30pm; 6.30pm – 7.45pm.
Friday	8.00am – 11.30am; 2.30pm – 5.30pm
<ul style="list-style-type: none"> The practice participated in the local NHS Extended Access to GP Services, providing access to appointments at one of the practices until 8pm between Monday and Friday. As part of the scheme, the practice is also opened from 6.30pm–8pm on every fourth Friday, and the corresponding Saturday and Sunday mornings 9am-12 noon. The practice closed one afternoon/month on most months of the year for staff training. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,190	245	127	51.8%	1.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	97.4%	95.2%	94.5%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had encountered some difficulties in appointment availability in the past. Over the last 18 months, the appointment system had been significantly revised to be more flexible and

responsive to patients' needs.

- An appointment and access quality improvement programme was initiated in March 2018. This project was undertaken in response to the access difficulties, and was planned with clear objectives supported by an implementation plan with defined actions over a two year period. The project included participation from staff through meetings and appraisals, the PPG, and ongoing reviews of patient satisfaction. The project incorporated extensive analysis of data on appointment availability throughout the change programme. The project achieved significant outcomes for patients and staff. In the first six months, the average time to book a routine appointment fell from 22 days to 10, and same day access accounted for 21% of appointment capacity whereas there had been none six months previously. Additionally, there was reduced pressure on telephone triage by 21%. The improvements were carried on as the project progressed (for example, the length of wait for a routine appointment was reduced further) and patient feedback showed increased satisfaction regarding access, as well as the number of complaints relating to appointment availability being lower. Staff also reported positively about the changes.
- The new appointment system incorporated a range of on-the-day access, pre-bookable and staggered release appointment slots, as well as telephone consultations. There was also a wider range of options available in seeing, for example, the pharmacist or advanced clinical practitioner, rather than a GP. Reception staff had received training to signpost patients when a more appropriate service may be indicated to meet their needs. This had impacted significantly on patient experience regarding access and we saw that survey results showed the practice to be in alignment with local and national averages. On the day of our inspection, we saw that there was good availability for GP appointments. The practice told us that they could normally accommodate a routine appointment request within five working days.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- A nurse practitioner visited patients in the practice's assigned care homes twice a month.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment whenever it was appropriate to do so.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Practice nurses visited housebound patients with a long-term condition for reviews, including those patients who were reluctant to attend the practice for regular reviews of their condition.

- The local extended access service included practice nurse appointments for long-term condition management.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7.45pm on a Thursday evening, providing an option for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice supported a locally-based parenting support unit. Parents and their children registered with the practice, and the practice offered greater flexibility with appointments to accommodate their needs.
- The practice were developing an App for sexual health and contraception online consultations. This was almost complete at the time of our inspection and it was hoped this would go live in the near future.
- The practice used social media to encourage engagement with younger patients.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.00pm on a Thursday, and offered earlier appointments on a Monday and Tuesday morning. Telephone consultations could be pre-booked, or arranged for the same day.
- The practice used an automated text appointment reminder system to try and minimise non-attendance.
- Pre-bookable appointments were also available to all patients at additional locations within the area as part of the wider extended access scheme. Appointments were available on Saturday and Sunday, and on bank holidays as part of this scheme.
- Repeat prescription requests could be made online, by email, or by attending the practice. The practice used the Electronic Prescription Service so that patients could collect their medicines directly from their preferred pharmacy.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice had worked to develop a more structured and responsive system to review the care of patients diagnosed with cancer.
- The practice had links with the refugee resettlement programme in conjunction with their local council and had supported refugees to register with the practice. Some staff had attended training to develop their awareness in dealing with the particular requirements of refugees.
- The practice had identified 1.9% of their registered patients as being carers. Carers were provided with information about the services that were available to support them.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, the practice was identified as a 'safe haven' for vulnerable people, and the sensory room helped to keep patients in a calming area if they found busy environments stressful.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Same day and longer appointments were offered when required.
- The practice was actively contributing to a wider trailblazer project to support adolescent mental health improvement. The practice had developed action plans to identify and support younger people's mental health as part of their ongoing participation in this project. There were also links with the practice's introduction of an App for sexual health advice and consultations later in 2019 in recognition of the need to actively support adolescent mental health.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Lime Grove was a dementia friendly practice. There was an identified dementia champion in the practice team. The practice website had a dedicated area for dementia with links to supporting information. The practice had also adopted the Herbert protocol, a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- The 'sensory room' provided a more suitable waiting environment for patients with dementia, and equipment was available to provide visual and tactile stimulation.
- The practice regularly worked with multidisciplinary teams to support people experiencing poor mental health including those with dementia. A community psychiatric nurse attended the weekly multi-disciplinary meeting to review the practice's most vulnerable patients.
- Mental health care plans were based on liaison with the Community Mental Health Team, but were personalised by the practice to meet the patient's specific health needs.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Home visits were triaged by the duty doctor and then assigned to the most appropriate GP if a visit was deemed to be necessary. A prescribing nurse provided regular home visits to the most vulnerable patients, and health care assistants would visit some patients to take blood and undertake some other procedures. 	

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)	61.0%	N/A	68.3%	No statistical variation
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)	67.2%	67.2%	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)	71.1%	64.8%	64.7%	No statistical variation
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)	72.2%	75.1%	73.6%	No statistical variation

Any additional evidence or comments

Source	Feedback
Patient comment cards	<ul style="list-style-type: none"> We asked patients to provide feedback on their experience of the practice in the two-week period prior to the inspection.

	<ul style="list-style-type: none"> We received a total of 17 comment cards. Of these, 16 were wholly positive and the remaining card contained mixed feedback. Patients told us that they received efficient, professional and dignified care and that they were extremely satisfied with the service they had received. Comments included that patients were given sufficient time during their consultation; that medicines were explained The majority of patients told us that they found it easy to make an appointment with the exception of the one patient who provided mixed feedback. They told us they had received excellent care but found that making an appointment could be difficult.
NHS Family and Friends Test (FFT)	<ul style="list-style-type: none"> We viewed the FFT responses received between March and August 2019. The practice had gathered these via FFT cards until June 2016, when they moved to a text response system. Card responses indicated that 15 patients were 'extremely likely' to recommend the service with six patients saying 'likely'. There were no adverse responses. Over a three month period, an average of 97.5% patients, who responded by text, said they would recommend the service to others.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Compliments received by email or cards were also logged to capture the positive feedback received from patients. This helped to promote good morale and celebrate success. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> Concerns raised about the appointment system 	<ul style="list-style-type: none"> These had been considered as part of the restructuring of the appointment system

Well-led

Rating: Outstanding

We rated the practice as outstanding for well-led because:

- There was evidence of proactive leadership with a commitment to improve outcomes for both patients and staff. The partnership drove continuous improvement and innovation.
- Objectives were stretching, challenging and innovative, whilst remaining achievable. There was a clear and proactive approach to seek out and embed new ways of providing care and treatment.
- A collaborative approach was taken to work with other organisations to improve care outcomes.
- Governance and performance management arrangements were proactively reviewed to reflect best practice.
- Staff were proud of the practice as a place to work and spoke highly of the positive culture. There were high levels of constructive staff engagement, and staff at all levels were actively encouraged to raise concerns.

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: <ul style="list-style-type: none">• We observed proactive management and strong clinical leadership.• The addition of an advanced clinical practitioner to the previous partnership of three GPs, brought a revised outlook in terms of the practice's strategic direction.• There was an emphasis on governance within the practice and leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were proactive in addressing them with imagination, innovation and flexibility.• Over the last 18 months, the practice had identified where processes and procedure could be streamlined and enhanced to improve patient care and experience. We saw this was particularly evident in terms of access to appointments, and the management of long-term conditions. Significant improvements had been achieved within a relatively short time-scale.• The partners supported the development of managers' skills. For example, the recently appointed reception manager had completed some management training, and the practice manager was due to undertake a change management course.• Partners and managers had undertaken a strategy review meeting earlier in the year and one of the key priorities identified was succession planning, emphasising the need for longer-term resilience and forward planning. This was kept under review through regular partnership meetings.	

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: <ul style="list-style-type: none"> The practice had developed a mission statement to 'aim to provide all patients with high quality, person-centred, accessible, integrated care in a safe, responsive and courteous manner'. This was supported by seven points which described how they would achieve this, and this was displayed on the home page of the practice website. The practice team had collectively reviewed their practice vision and values in the early part of 2019, and felt that these reflected the overall values of the NHS. Therefore they had adopted these as their own values, and these drove how the practice operated. Staff were involved in discussions about progress with the practice strategy which were stretching and challenging. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found that the practice prioritised a patient-focused approach, although at times this had a financial impact for the partnership. For example, the practice had previously received additional 	

funding from the commissioners to improve access for patients over the winter months. Although this money was not made available during the winter period of 2018-19, the practice had still increased their level of access in recognition of the increased demand for appointments at that time of year. Additionally, when a temporary gap in the leg dressing clinic occurred for patients who were not housebound, the practice undertook this service for approximately three months to ensure continuity for patients until this was effectively commissioned.

- Managers and partners ensured processes supported staff welfare. We saw many examples of this including flexibility in adjusting contracted hours to accommodate individual needs. Pregnant workers had risk assessments undertaken to maintain their welfare. Support mechanisms had been instigated for a GP on the retainer scheme. External mentorship and clinical supervision had been established for a clinician to support them throughout a challenging period. A clinician had been supported to work an annualised hours contract, and other staff were accommodated flexibility to undertake other personal development opportunities outside of the practice.
- The practice told us they operated an 'open-door' policy and this was corroborated by staff interviews. Staff told us that all partners and managers were approachable, took time to listen to them, and were always supportive. Staff were proud of the organisation and spoke highly of the culture at the practice.
- A GP at a nearby practice had been identified as the practice's Speak-Up Guardian to ensure staff felt protected to raise concerns, and the practice reciprocally provided a Speak-Up Guardian for the other practice.

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

Source	Feedback
<ul style="list-style-type: none"> • Staff Interviews 	<ul style="list-style-type: none"> • Staff give highly positive accounts of their work at the practice. Staff told us they enjoyed working at the practice and spoke of positive team relationships. They felt supported by managers and were encouraged to participate in all practice developments.
<ul style="list-style-type: none"> • Staff interviews 	<ul style="list-style-type: none"> • A salaried GP informed us that working at the practice afforded them a good work/life balance. Appointments were scheduled at 15 minutes which allowed the clinician more time during the consultation, as well as giving the patient time to explain their concerns. The GP felt supported by the practice to undertake personal development and to do other roles outside of the practice. The GP was invited to attend clinical meetings and learning events if they were not scheduled to work on the day of the meeting, they would attend if able and be allowed time in lieu for this. The practice was described as being a 'jewel' from the GP's perspective.
<ul style="list-style-type: none"> • Staff interviews 	<ul style="list-style-type: none"> • Staff told us how the practice tried to accommodate their individual requests. For example, we were informed how a member of the team had been allowed allocated diary time for telephone calls as they felt this would be a beneficial way to review some patients.

Governance arrangements

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

Y/N/Partial

There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Governance and performance arrangements were proactively reviewed and reflected best practice. • There was an established programme of staff training including mandatory updates. The practice also ran an internal training programme. All staff had received annual appraisals in the last year. • Policies and procedures were up-to-date and were regularly reviewed. They were easily accessible on the practice intranet. • There was a schedule of internal meetings and staff attended external meetings and networking opportunities and provided feedback to colleagues on best practice. We saw that minutes of meetings were of a high standard and acted as a useful reference document for staff, as well as demonstrating evidence of compliance in a number of areas. • Partners had lead areas of responsibility. A salaried GP, the practice manager, and some members of the nursing team also had defined lead areas allocated to them. • Systems were in place to support clinical supervision. For example, the pharmacist had development slots built into their diary, with a dedicated debrief and supervision session with one of the partners at 7.30pm each Thursday. Nurses had a 15 minute clinical supervision slot inbuilt into every clinical session to discuss any issues that had arisen. Anything that could not be resolved could then be added to the monthly clinical meeting agenda. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was proactive in identifying risk. For example, a review of home visit requests had instigated a change in process to ensure that all requests were triaged by the duty GP, with allocation to the most appropriate clinician. This improved safety but also ensured continuity for patients. • There were effective systems in place to review significant events and complaints. Learning was 	

applied where this was identified. Annual reviews were undertaken to review themes and consider learning, and to ensure all follow up actions had been completed.

- Emergency medicines had been categorised by presentation with colour coding to ensure rapid access. This included a sepsis box.

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:	
<ul style="list-style-type: none"> • The practice routinely reviewed benchmarking data and other sources of information to identify areas for enhanced monitoring or review. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	N/A
Patient records were held in line with guidance and requirements.	N/A
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • This would become applicable when the practice introduced an online consulting App later in 2019, and we saw that all the necessary planning had been done in preparation for this. 	

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> <ul style="list-style-type: none"> The practice was proactively involved in the development of their local Primary Care Network (PCN). The advanced clinical practitioner was the joint clinical lead for the PCN. The practice engaged in locality working and committed to external networking due to their rurality and potential risk of isolation. There was clear evidence of engagement with the CCG with attendance at clinical governance and prescribing leads meetings. The practice also worked with the CCG's medicines management to ensure effective prescribing. The practice benchmarked their performance on an ongoing basis and reacted to this accordingly. The practice had undertaken their own patient survey in 2019. A total of 158 patients completed a response with 147 of these completing the full survey. This showed that 85.7% of patients who responded rated the overall service provided as excellent or good, and 76% of respondents said they found that the new appointment system introduced in the last year met their needs. An action plan had been produced in response to areas where further improvements were needed. The results were written in a well-presented and easy to read report which was available to patients in the waiting area. A 'Have Your Say' noticeboard in the reception area answered any patient queries that had been raised via the patient suggestion box. The board also included examples of positive feedback received from patients. The practice had recently undertaken their first staff survey and this was being analysed at the time of our inspection. Responses were mostly positive but there were some comments mostly relating to recent changes that would need consideration in terms of an action plan. A staff suggestion box was available. Regular meetings to support both clinical and non-clinical staff took place with dissemination of information including learning from complaints and significant events. Staff well-being projects included yoga sessions for staff, reduced rate reflexology sessions, inbuilt protected peer supervision for the nursing team, and 15 minute routine appointment slots for clinicians. Staff participated in regular social events, for example when new staff started in order to encourage strong staff relationships. A member of the team who had previously worked as an Events Manager helped to coordinate social activities. Activities included quiz nights, meals out, and events to celebrate special occasions. Partners had often helped to fund these events. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke to the Chair of the practice's Patient Participation Group (PPG). They informed us that the PPG had 22 members with 12-15 members on average usually attending the PPG meetings, which took place on a quarterly basis. The practice manager and reception manager attended the PPG meetings, and GPs would also often attend subject to their work commitments. The PPG told us that the practice kept them well informed about issues and proposed developments. The PPG were invited to provide feedback to the practice team and were treated respectfully. The PPG had a dedicated notice board in the patient waiting area. They produced a quarterly practice newsletter.

- The practice listened to the PPG and acted on their feedback whenever appropriate. For example, the practice had recently updated some information on their website following comments received from PPG members.
- PPG views were sought in relation to patient surveys.
- PPG members engaged in wider networking opportunities to share information and contribute to wider developments across Derbyshire. The PPG were able to provide examples of workstreams they had participated in including younger people's mental health, carers and dementia friends.

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice used a quality improvement programme as part of continuous service review and development. We saw examples of how this had led to improvements in care and outcomes.
- The practice embraced innovation and we saw examples of this including the development of the in-house HAVOC tool to assess the patients who were most vulnerable, in order to provide them with additional care and support to keep them safe in their home environment.
- Online consultations via an App were being introduced for sexual health. The practice has secured funding for this and hoped to implement this in the latter part of 2019. It focused on sexual health/contraception/mental health for younger people as a preferred way for this population group to engage. It was also based on high teenage pregnancy rates and rurality (emergency contraception services were based some miles away in Chesterfield). The App would provide sources of support including advice from the practice via email, but would also offer pre-booked online Skype consultations with the advanced clinical practitioner. There were clear audit systems inbuilt in order to provide evidence of the impact of the service after it had been introduced.
- The practice worked collaboratively in a trailblazer project to identify and implement action plans to improve adolescent mental health locally as part of a county wide scheme.
- The practice was working towards becoming a GP training practice and one GP had already completed some of the GP trainer modules.
- A workflow project was planned to help take pressure of clinical staff.

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.