

Care Quality Commission

Inspection Evidence Table

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Inspection date: 8 October 2019

Date of data download: 27 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinical templates in use within the practice linked automatically to national guidance. Changes in guidance were discussed at the regular team clinical meetings. New guidance was communicated to staff via direct emails, attendance at team meetings, team meeting minutes and the staff bulletin. 	

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)	0.41	0.74	0.75	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> The practice held monthly meetings focused on prescribing performance. They had the benefit of support from an in-house pharmacist, and worked closely with the Clinical Commissioning Group (CCG) medicines team.

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.
- Wherever possible the practice sought to give clinical continuity of care to patients.
- 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.
- Clinical staff supported patients living in two residential care settings. This included making monthly visits, following up admissions, carrying out medication reviews and managing palliative care needs in coordination with others.
- The practice had reviewed oral nutritional supplement usage in conjunction with a dietician from the CCG.

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. Reviews were organised based on the birth month of the patient.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We saw that meetings were held on a regular basis and that meeting minutes were detailed.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, a practice nurse had received additional training to support patients with diabetes.
- 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 asthma were offered an asthma management plan.
- Patients with long-term conditions were offered flu vaccinations. To aid take up, weekend clinics were available in addition to nurse-led sessions.
- Patients were encouraged to self-manage their health conditions. We saw that the practice signposted patients to relevant support services, this included sending information and links via text messages.

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)	85.6%	79.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.2% (25)	10.6%	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)	83.0%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.7% (11)	7.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.4%	75.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.4% (22)	13.6%	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) <small>(QOF)</small>	85.3%	77.7%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.8% (6)	3.8%	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>	100.0%	90.7%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	16.7% (12)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.5%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (13)	3.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	20.3% (15)	7.7%	6.7%	N/A

Any additional evidence or comments

- We discussed exception reporting with the practice. They explained to us that they had processes in place to recall patients, and only sought to exception report patients when the criteria within their own policy had been met. This included continued missed review appointments, or if the patient confirmed that they would not be attending. The reasoning behind the decision to exclude was recorded and had received clinical oversight.
- The practice closely monitored their performance in relation to long-term conditions. When required practice staff actively contacted patients to secure attendance for reviews and care planning.

Families, children and young people

Population group rating: Good

Findings

- The practice has met the World Health Organisation (WHO) based national target of 95% for all four childhood immunisation uptake indicators. The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice offered weekly baby check slots, and hosted a weekly midwife led ante-natal clinic.
- The practice had recently implemented a change in their recording processes to improve confidentiality for teenage patients. This involved ensuring that they held the young patients' own mobile telephone number, rather than a parental number as a first point of contact.
- Young people and families could access a range of services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews and offer services for this population group.
- The practice held monthly safeguarding meetings with other stakeholders to discuss the needs of complex and vulnerable individuals and their families.
- The practice had a low appointment acceptance threshold for children, and would seek to see them on the same day.

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)	38	38	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)	50	51	98.0%	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)	50	51	98.0%	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)	49	51	96.1%	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, order repeat medication, and view medical records without the need to attend the surgery. The practice told us that over 43% of patients had registered for online services.
- Patients were able to access GP and nurse appointments from 6:30pm to 8pm on a Tuesday and at five nearby practices on other days across the week.
- Pre-bookable appointments were available to patients after 5pm.
- Pre-bookable telephone consultations were available, this could be on the same day if required.

- The practice held a weekly phlebotomy clinic. In addition, through joint working arrangements patients could also access this service at neighbouring practices.
- Patients were able to access an out of hours urgent physiotherapy service which operated from Huddersfield Royal Infirmary.

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)	86.1%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	80.8%	66.1%	72.1%	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)	60.0%	58.6%	57.3%	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)	50.0%	66.5%	69.3%	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)	23.5%	53.0%	51.9%	No statistical variation

Any additional evidence or comments

- The practice had higher than average participation in national cancer screening programmes. The practice told us that it actively promoted participation in the programmes and contacted patients if they had missed screening appointments/opportunities.
- Although there was no highlighted statistical variation, we discussed the lower than average practice performance in relation to cancer two week wait performance. The practice could not explain this on the day of inspection, however they told us that they would investigate this further.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered to identified patients when required.
- All patients with a learning disability were offered an annual health check and review.

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice met with other health and care providers to discuss the needs of vulnerable patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had been accredited under the local 'Safe Places' scheme (The Safe Places scheme seeks to offer support and be a safe haven for vulnerable people when they are away outside their own home and may be in difficulties).
- Vulnerable patients were contacted if they had missed hospital appointment to check on their welfare.

**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. Monthly visits were made to patients with dementia who lived at local residential care facilities.
- Same day and longer appointments were offered when required. The practice was clear that it would give time to patients experiencing poor mental health, especially on first presentation.
- There was a system for following up patients who failed to attend for administration of long-term medication or for reviews.
- Triage appointments were available for patients who were in crisis.
- 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.
- The practice hosted a twice weekly Improving Access to Psychological Therapies (IAPT) service. This service provided evidence-based psychological therapies to people with anxiety disorders and depression.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.1%	89.5%	Variation (positive)
Exception rate (number of exceptions).	5.9% (1)	9.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	89.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	8.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.2%	85.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (1)	5.0%	6.6%	N/A

Any additional evidence or comments

- The practice showed high performance in the delivery of services to patients who experienced poor mental health compared to local and national averages. This was achieved in conjunction with low overall exception reporting.

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)	558.9	539.1	537.5
Overall QOF score (as a percentage of maximum)	100.0%	96.4%	96.2%
Overall QOF exception reporting (all domains)	4.5%	5.7%	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	Yes

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

- The practice had undertaken a programme of clinical audits:
 - Following an audit of patients who had been prescribed Lithium (used to treat episodes of bipolar disorder and depression) the practice had added the regular checking of blood calcium levels into their treatment protocol.
 - A recent audit of patients in receipt of Nonsteroidal Anti-inflammatory Drugs (used to relieve pain, reduce inflammation, and bring down a high temperature) led to meetings being arranged with a number of patients to discuss their treatment and the co-prescription of proton pump inhibitors to help prevent side effects.
 - Whilst it did not identify any improvements were necessary, the practice, via clinical audit was able to assure itself that paediatric referral discharges were appropriate.
- The practice had participated in prescribing initiatives which included the Campaign to Reduce Opioid Prescribing (CROP), and the Lowering Antimicrobial Prescribing Campaign (LAMP).
- The practice had developed a set template for audit recording. This was detailed and, because it was standardised, aided consistency of interpretation and the application of basic audit principles.

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.	Partial
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.	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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw that staff had received regular update training such as that related to cervical cancer screening and immunisations. • Staff training needs were identified at annual appraisal and on an ad hoc basis throughout the year. • No new health care assistants had been appointed to the practice recently. We were told however, that any new health care assistants would receive induction which included the Care Certificate for Health Care Assistants. • Staff undergoing training or in need of additional support were given this. We heard how a member of the nursing team undergoing training to become an advanced nurse practitioner was being supported. • It was noted however that the practice had not put in place measures to ensure that all staff had received child safeguarding training to the appropriate level following the release of new guidelines earlier in 2019. Since the inspection we have received evidence from the practice to show that all staff members had now received child safeguarding training to the appropriate level. 	

Coordinating care and treatment

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

treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice held regular multidisciplinary meetings with other health and care professionals to discuss vulnerable patients and those with complex needs. These meetings were minuted and clearly outlined actions and desired outcomes. • It was noted that care planning was detailed, and by using a laptop during visits was kept up to date in a timely manner. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was able to refer or signpost patients to services which included smoking cessation, alcohol support, substance abuse support and weight management. The practice website was used to promote wider health and wellbeing issues and contained contact details for local services and other self-help information, this included sending information and links via text messages. 	

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)	97.3%	95.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (5)	0.7%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• In most cases consent to examination and treatment was implied and verbally received. More invasive treatments and examinations such as those in relation to minor surgery, and the fitting and removal of implants and coils, required written consent.• Staff we spoke with had a good understanding of consent and the current guidance.• Staff had received training with regard to the Mental Capacity Act appropriate to their role.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had identified key challenges and opportunities. Responses to these identified challenges and opportunities included:<ul style="list-style-type: none">○ A steady growth in patients and demand for services. In response to this the practice had sought to upskill staff to take on wider roles, and implemented a forty-eight-hour embargo on general appointments to improve access for semi-urgent appointments. Since this was introduced the practice reported that waiting times had fallen.○ Succession planning. This was being tackled through the expansion of staff skills and the development of new roles within the practice. This included the supporting staff to attain positions within the practice as ANPs, nurse associates and GP assistants. We also saw that there was evidence of non-clinical staff career progression and development.○ The continued development of The Mast Primary Care Network, and opportunities to deliver services in conjunction with other local partners.• Staff told us that the management team was visible and supportive. They felt everyone worked closely together and that there was a high level of mutual respect for the work they undertook. Staff felt they could discuss issues openly with the management team.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes

Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a clear ethos which was well understood and accepted by the staff. This ethos sought to put the patient at the centre of everything that the practice does. • Staff were aware of the roles they played, and their responsibility in meeting the strategic goals of the practice. • Whilst the practice had not developed a specific business development plan, members of the management team we spoke with were clear on the priorities they were working towards, and had put in place monitoring mechanisms to assess and track progress. This included monitoring key performance and quality measures and assessing patient feedback. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff informed us that they were able to raise concerns and issues, and that the practice promoted a blame-free culture. Staff felt that their concerns would be taken seriously, with matters being investigated fully, and with finding, explanations and learning shared. The practice had a core of long-service staff and had seen the benefits of good staff retention. To recognise this the practice had instituted a long service incentive. The practice management team told us that the wellbeing of staff was important to them, and that they looked to support staff whenever possible. For example, the practice had delivered Mindfulness awareness training to staff, and had developed a closed social media group. We were informed that the practice organised social events which were well attended and sought to build relationships and enhance workplace wellbeing. We saw that complaints were handled with sensitivity, explanations were offered when necessary, and were handled in a timely manner. Correspondence advised patients how to escalate concerns if they remained unsatisfied with the practice response. We were informed that the practice recognised that it had a pivotal role to play in the local community. In response to this they worked with other partners to increase the range of services offered, and accessibility to these services. It also shared access to practice resources and had located their defibrillator outside the building so as to be available for general community access. 	

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

Source	Feedback
Staff Member	Felt they were very well supported by the practice, with opportunities for further learning and access to training.
Staff Member	Informed us that the practice staff worked together as a very close team, and that

	they all supported one another.
Staff Member	Told us that the practice had a friendly atmosphere and that staff worked well together.
Staff Members	Staff confirmed that they were kept up to date with key information and developments. This was achieved through verbal and email communication, formal meetings and annual appraisals.

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: <ul style="list-style-type: none"> The practice had established governance arrangements in place, which included regular meetings and performance monitoring. This monitoring ensured that the overall management processes were effective. In addition to formal meetings staff from the practice told us that they discussed issues on an informal daily basis. Staff said that they felt well informed with matters relating to the regular operation of the practice. The management team was closely involved in the development of their local Primary Care Network "The Mast". 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice discussed with us an example when they had dealt with staff performance which was below the standard required, and how they had sought to rectify and improve this. Clinical audits were completed to a standard template which had been devised by the practice. We saw that these audits were detailed and were driven by locally identified need. The practice business continuity plan was seen to have been effective. It had been used live during a recent power outage at the surgery. We saw that staff had received mandatory training in areas which included fire safety and emergency resuscitation. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that the practice management team met on a monthly basis to discuss Quality Outcomes Framework performance. In addition, a partner from the practice regularly discussed prescribing performance with the CCG. Whilst the practice did not have a dedicated risk register, we saw that the practice was well aware of operational risks such as staffing and had put in place measures such as succession planning 	

to mitigate against these risks.

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 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw that the practice regularly reviewed patient and stakeholder feedback.• The practice told us that it worked with others, such as via the developing Primary Care Network, to meet joint challenges and meet the needs of the local population.	

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none">• We received feedback from two members of the PPG. They informed us that they felt that the practice listened to and respected their views. As an example, we were told that in the past they had given their feedback on a proposal to install glass screening to the reception desk area. The PPG had not felt that this was appropriate and fed this back to the practice. After assessing the proposal, the practice had decided not to install the screening. Both members felt that the practice supported the PPG well, and that as members they were free to discuss any views or concerns they had with the management team. They added that they felt well cared for by the whole practice.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw that significant events and comments and complaints were investigated thoroughly. We were told that any learning derived from adverse incidents was used as an opportunity to improve services.• Operating as a training practice, staff understood the need to keep up to date with key developments and to share learning.• Clinical audit was extensively used within the practice and used to assess compliance with guidelines and standards. We saw that in the past an identified incident had prompted a clinical audit. In addition, the practice explained that they used their monitoring procedures to examine	

areas of performance where they appeared to be an outlier. Identified areas were subject to a review to identify possible causes and assess appropriate treatment and care.

Examples of continuous learning and improvement

- We saw that staff had been supported to attain additional qualifications to support both clinical and non-clinical work. This supported the practice's approach to succession planning and improving capacity.
- The practice had actioned recommendations highlighted during the last CQC inspection carried out in November 2016. This included making improvements with regard to the information supplied to locum GPs and the recording of chaperone usage.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.