

Care Quality Commission

Inspection Evidence Table

Pilgrims Way Surgery (1-6022392373)

Inspection date: 17 September 2019

Date of data download: 08 September 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	YES
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
There were policies covering adult and child safeguarding which were accessible to all staff.	YES
Policies and procedures were monitored, reviewed and updated.	YES
Partners and staff were trained to appropriate levels for their role.	YES
There was active and appropriate engagement in local safeguarding processes.	YES
There were systems to identify vulnerable patients on record.	YES
Disclosure and Barring Service (DBS) checks were undertaken where required.	YES
Staff who acted as chaperones were trained for their role.	YES
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	YES
Explanation of any answers and additional evidence: The lead GP was the safeguarding lead. Policies were updated as required and stored on the computer system, so were accessible to all staff. The information was contained within a new staff welcome pack, and this also included a proforma template for making referrals. Vulnerable and at risk patients were identified at the practice and were flagged on the IT system so that the staff team were aware of their particular needs or concerns. The practice maintained a safeguarding file, where all patients identified as potentially requiring	

Safeguarding	Y/N/Partial
<p>additional support were identified. This included patients who were veterans, those at risk of domestic violence and abuse, and those on the child protection register. These patients were reviewed by the practice on a six monthly basis to see whether there were any changes which would indicate additional support was required.</p> <p>All of the staff at the practice were DBS checked. Chaperone training was undertaken and there were notices on the doors of all clinical rooms informing patients of this choice. Patients spoken with stated that chaperones were offered.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	YES
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	YES
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Three personnel files were reviewed, and these were well organised with specific checklists to ensure all required documentation was available. Each file contained evidence of thorough recruitment checks being conducted and included the vaccination status and registration status of staff where appropriate.</p> <p>The practice had a policy to ensure all the staff team had DBS checks carried out.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 2019</p>	YES
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 22/01/2019</p>	YES
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	YES
There was a fire procedure.	YES
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: October 2019</p>	YES
<p>There was a log of fire drills.</p> <p>Date of last drill: 06/02/19</p>	YES
<p>There was a record of fire alarm checks.</p> <p>Date of last check: weekly on Tuesday by NHS property services</p>	YES
<p>There was a record of fire training for staff.</p> <p>Date of last training: variable dates but done and recorded on matrix</p>	YES

There were fire marshals.	YES
A fire risk assessment had been completed. Date of completion: 10/01/2019	YES
Actions from fire risk assessment were identified and completed.	YES
Explanation of any answers and additional evidence: The practice has a COSHH lead. The building was leased from NHS property services and they maintained responsibility for fire safety and health and safety. There were two fire marshals at the practice. Cleaners were contracted by NHS property services.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: NHS property services carried this out for the building.	YES
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: NHS property services carried this out for the building.	YES
Explanation of any answers and additional evidence: The premises were maintained by NHS property services who carried out risk assessments and fire checks.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	YES
Staff had received effective training on infection prevention and control.	YES
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: August 2019	YES
The practice had acted on any issues identified in infection prevention and control audits.	YES
There was a system to notify Public Health England of suspected notifiable diseases.	YES
The arrangements for managing waste and clinical specimens kept people safe.	YES
Explanation of any answers and additional evidence: One of the practice nurses was the infection control lead. Infection Prevention Control (IPC) audits were carried out every three months and the IPC lead nurse was given additional time to carry out their infection control duties. Hand hygiene training was carried out for all staff annually. The practice had a system to notify PHE regarding notifiable diseases, but had not had to do so,	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	YES
There was an effective induction system for temporary staff tailored to their role.	YES
Comprehensive risk assessments were carried out for patients.	YES
Risk management plans for patients were developed in line with national guidance.	YES
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	YES
Clinicians knew how to identify and manage patients with severe infections including sepsis.	YES
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	YES
There was a process in the practice for urgent clinical review of such patients.	YES
When there were changes to services or staff the practice assessed and monitored the impact on safety.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a welcome pack, which included all information relating to the practice. This was given to new members of staff and people visiting the practice where appropriate. The file included everything required to navigate the day to day processes within the practice. This included a list of all staff and their lead roles, the location of the first aid box and defibrillators, the names of the first aiders at the practice, useful telephone numbers, including support services. It contained screen shots of computer pages to accompany directions regarding how to access items on the G drive. Pathways for accessing referral documents; the procedure for dealing with incoming pathology results, with decision making flowchart, information regarding EPS with how to screen shots; and how to record allergy and adverse effects in patient notes, again with step by step screen shots. The repeat prescribing process; health and safety information, including the emergency evacuation process and needlestick injury process. It had a comprehensive getting started with Vision guide; the list of notifiable diseases; the Caldicott policy; information regarding safeguarding, including how to access this on the shared drive, with screen shots, how to raise an alert with names and phone numbers including out of hours, list of safeguarding team contacts for North and West Kent and an example of alert forms for both adult and child concerns. There was also information regarding female genital mutilation; MCA and DOLS information and a referral form and information regarding significant events, with an article regarding sharing the good news and being positive about reporting these, as learning is valuable. Clinical audit cycle information was also included as was a guide to patient registrations.</p> <p>Additionally, there was a staff induction check list regarding the welcome pack, to ensure it had been read.</p> <p>We saw a recorded significant event regarding an anaphylaxis emergency and this was managed in a proactive and immediate manner.</p> <p>The practice had the sepsis trust guidelines at reception and in consulting rooms.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	YES
There was a system for processing information relating to new patients including the summarising of new patient notes.	YES
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	YES
Referral letters contained specific information to allow appropriate and timely referrals.	YES
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	YES
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	YES
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	YES
<p>Explanation of any answers and additional evidence:</p> <p>A sample of patient care and treatment notes were reviewed for all clinicians at the practice and these followed the guidance and legislation.</p> <p>One of the HCA's at the practice had responsibility for summarising new patient notes and conducting new patient health checks. Online records were transferred using the GP2GP system.</p> <p>The practice demonstrated that they update the patients' summary care record regularly and this could be accessed by the out of hours provider and other health professionals.</p> <p>The referral process was reviewed, and the practice managed this appropriately within time frames and with comprehensive detail.</p> <p>The practice had a policy regarding a buddy system. Only one GP or nurse or paramedic were allowed to take leave at any time, ensuring that one person with that skill set was on the premises. If a clinician was absent, another clinician assumed responsibility for checking their patients' blood and test results. As a result of a significant event, the unmanned inbox at the practice was also checked every day.</p> <p>The practice had not used any locum GPs since 2015.</p> <p>Only clinicians carried out test result reviews. No non-clinical staff carried out this work.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.88	0.99	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	6.7%	9.7%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	4.96	5.68	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	2.00	2.22	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES
Blank prescriptions were kept securely and their use monitored in line with national guidance.	YES
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	YES
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	YES
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	YES
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	YES
The practice monitored the prescribing of controlled drugs. (For example, investigation of	YES

Medicines management	Y/N/Partial
unusual prescribing, quantities, dose, formulations and strength).	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	YES
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	YES
For remote or online prescribing there were effective protocols for verifying patient identity.	YES
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	YES
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	YES
Explanation of any answers and additional evidence: The practice had prepared a card which accompanied each emergency medicine and described how it had to be administered.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	YES
Staff knew how to identify and report concerns, safety incidents and near misses.	YES
There was a system for recording and acting on significant events.	YES
Staff understood how to raise concerns and report incidents both internally and externally.	YES
There was evidence of learning and dissemination of information.	YES
Number of events recorded in last 12 months:	13
Number of events that required action:	10
Explanation of any answers and additional evidence: We found that the practice recorded significant events in detail and implemented changes accordingly. The events recorded included those where no changes were required because the event was well managed, and all staff responded according to policy. Records reviewed demonstrated that the practice were proactive in raising safeguarding concerns where concerns were identified and that they did this where the concerns were unsubstantiated, as a preventative measure. Records also demonstrated that the practice had taken a proactive approach to safeguard patients by persistently involving outside agencies until appropriate action was taken.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Some blood test results were not actioned for a two-week period, as they were sent to an unallocated mailbox at the practice rather than to a specific GP/clinician. This error could not be rectified.	The lead GP reviewed and took action regarding these blood results as soon as he was aware and fortunately, there were no significant abnormalities noted. As a result of this event, the practice checked the unallocated mail box daily and transferred the results to an allocated clinician. The practice informed all clinicians.
A number of emergencies had occurred at the practice, including an anaphylactic reaction.	These were all managed appropriately and the role of the reception staff in being vigilant and raising immediate concerns with the lead GP was recorded and noted.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	YES
Staff understood how to deal with alerts.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Alerts were received by the Practice Manager and the Assistant Practice Manager and were forwarded to all clinicians. The alerts were discussed as a standing agenda item at every clinical meeting and documents reviewed supported this. A hard copy of the alert was printed off and dated and signed by the GP who had carried out a search.</p> <p>We saw examples of actions taken on recent alerts for example, regarding sodium valproate. Clinicians spoken with were aware of the latest alert and of the action the practice had taken in relation to this.</p>	

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

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)	0.71	0.89	0.75	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age.

- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice took part in CCG initiated and co-ordinated MDT meetings as well as monthly palliative care meetings and monthly clinical meetings, where patients with complex needs were reviewed and action plans developed.

People with long-term conditions

Population group rating: Good

Findings

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

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.5%	79.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.8% (54)	17.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	66.7%	75.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.3% (56)	13.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.1%	77.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.0% (55)	15.8%	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>	79.6%	77.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (34)	12.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	89.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.3% (8)	15.4%	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>	82.5%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (10)	5.2%	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>	95.6%	91.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (3)	5.1%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	140	149	94.0%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	142	157	90.4%	Met 90% minimum
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)	142	157	90.4%	Met 90% minimum
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)	142	157	90.4%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice 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. The NHS health checks were outsourced, and the results sent to the practice. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.6%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.5%	71.9%	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)	52.0%	53.7%	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)	94.1%	69.1%	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)	68.6%	52.3%	51.9%	No statistical variation

Any additional evidence or comments

The data presented above is not current. The practice provided documents to demonstrate that the up to date percentage of women eligible for cervical cancer screening who were screened adequately was 98%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice had close links with the adult and young peoples' community mental health teams and had direct access to a mental health consultant.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>	93.8%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	28.9% (13)	14.9%	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>	97.3%	90.1%	90.0%	No statistical variation

Exception rate (number of exceptions).	17.8% (8)	12.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	83.1%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	13.3% (4)	6.5%	6.6%	N/A

Any additional evidence or comments

Higher than average exception rates regarding care plans for patients with mental health concerns and those diagnosed with dementia were discussed with the practice. Staff told us that the practice write letters and follow these up with phone calls to the patients. Where a patient has a high risk of not attending an appointment a yellow flag is placed on their care and treatment notes.

There is a dedicated member of the reception team who contacts patients, asks them why they didn't attend their appointment and offers a new appointment.

Patients with mental health concerns who need to attend for regular appointments have their follow up appointment booked at the time of their visit.

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)	551.0	519.4	537.5
Overall QOF score (as a percentage of maximum)	98.6%	92.9%	96.2%
Overall QOF exception reporting (all domains)	5.8%	6.7%	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 appropriate action.	YES

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

- The practice had conducted seven clinical audits in the past year.
- They carried out a continual audit of high-risk medicines such as DMARDS, where searches were run to identify patients who required blood tests. These patients were written prompt letter. These audits were on-going.
- The practice conducted an audit regarding preferred place of death. They identified patients who were deceased in the previous year and clarified their place of death against their preferred wishes. This audit found that all five patients had died in their preferred place of care.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	YES
The learning and development needs of staff were assessed.	YES
The practice had a programme of learning and development.	YES
Staff had protected time for learning and development.	YES
There was an induction programme for new staff.	YES
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	YES
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	YES
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice provided protected learning time for staff, attended CCG organised learning and utilised a training system, which identified the specific training staff required and when training was due for an update. The practice recorded the knowledge and competencies that the staff team had achieved as well as formal learning.</p> <p>Staff members were supported by the practice to develop. For example, the Assistant Practice Manager had started as a receptionist within the practice and had undertaken training and on the job learning to develop into the role; a para-medic practitioner was supported by the practice to complete a prescribing course and one HCA was developed from the reception team.</p> <p>The induction programme for new staff was reviewed and was comprehensive. A welcome folder was provided which contained detailed step by step information on the processes within the practice.</p> <p>Appraisals were carried out at regular intervals. The lead GP appraised the clinical staff, para-medic practitioners on a monthly basis and the practice nurses annually.</p> <p>The lead GP was a trainer and was actively involved in mentoring the staff team as well as training future GPs.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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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
<p>Explanation of any answers and additional evidence:</p> <p>The practice attended Clinical Commissioning Group (CCG) initiated Multidisciplinary Team Meetings (MDT), which were well attended by a variety of support organisations. Additionally, the practice had been providing a social prescribing service for approximately 18 months. Access to this service could be booked for patients. However, it was also available as a walk-in service one day each week. The service provided advice and help regarding housing, benefits and counselling.</p> <p>The staff team at the practice had been trained in active signposting and information leaflets and posters were available for patients.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	YES
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	YES
Patients had access to appropriate health assessments and checks.	YES
Staff discussed changes to care or treatment with patients and their carers as necessary.	YES
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	YES

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.4%	93.0%	95.1%	No statistical variation

Exception rate (number of exceptions).	0.3% (4)	0.9%	0.8%	N/A
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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

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive/ negative about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	YES
Staff displayed understanding and a non-judgemental attitude towards patients.	YES
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	YES

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	2

Source	Feedback
CQC comment cards:	Comment cards stated that: the service provided was efficient and felt customised to the needs of the individual; the staff team were all polite, professional, friendly and helpful; that the treatment received was the right treatment at the right time; that the service provided was excellent; clinical and non-clinical staff were respectful and went above and beyond to provide good care and treatment. The daily telephone consultations were referenced as being good and helpful. The mixed comments referred to significant event incidents and their impact, such as IT failure and the two negative comments referred to patient specific incidents.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7887	351	116	33%	1.47%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	87.1%	84.8%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	88.6%	82.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	91.1%	93.6%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	73.2%	77.7%	82.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	YES

Any additional evidence
The practice had a PPG which had been in existence since 2011. It had eight core members and a number of virtual members. The PPG had regular quarterly meetings and conducted practice specific surveys every two years. As a result of the last survey actions were taken such as the introduction of telephone consultations each morning with a clinician, better lighting in the car park for patient safety and the moving of the waiting area chairs to face the practice specific reception, as the waiting area is shared with another GP practice reception area.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	YES
Staff helped patients and their carers find further information and access community and advocacy services.	YES

Explanation of any answers and additional evidence:

Easy read and pictorial materials were available.

Source	Feedback
Interviews with patients.	Two patients were spoken with. Both stated that they felt supported by the practice and that their needs were met. They said that they felt listened to and were given sufficient information regarding their care and treatment. They said that they were happy to see any of the clinicians at the practice as they trusted them all.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	91.0%	91.3%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	YES
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	YES
Information leaflets were available in other languages and in easy read format.	YES
Information about support groups was available on the practice website.	YES
Explanation of any answers and additional evidence: Leaflets were available in 15 different languages including how to complain and what we do as a practice. Information was available in braille for patients who were partially sighted. The practice had a hearing loop and access to translation services.	

Carers	Narrative
Percentage and number of carers identified.	68
How the practice supported carers (including young carers).	The practice identified carers and young carers using a number of methods, including asking the question on their patient registration form and by monitoring patients. They signposted identified patients to carer support services and had an information leaflet in the practice. They also had access to a social prescribing organisation that they had been using for 18 months, which was both by referral and a weekly drop in session at the practice.
How the practice supported recently bereaved patients.	As soon as the practice was made aware of a bereavement, an alert was placed on the patients notes. The GPs would call the family and sign post them to bereavement counselling if needed. The contact numbers for support

	services and bereavement counselling were displayed in the waiting area and on the practice website.
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Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	YES
Consultation and treatment room doors were closed during consultations.	YES
A private room was available if patients were distressed or wanted to discuss sensitive issues.	YES
There were arrangements to ensure confidentiality at the reception desk.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff members undertook training regarding dignity and respect and this was monitored by the Practice Manager.</p> <p>Confidentiality training was delivered during induction and then as part of core training.</p> <p>The practice had a confidentiality barrier in reception. The staff team did not use the patients name or date of birth aloud in reception area.</p>	

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.	YES
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	YES
The facilities and premises were appropriate for the services being delivered.	YES
The practice made reasonable adjustments when patients found it hard to access services.	YES
There were arrangements in place for people who need translation services.	YES
The practice complied with the Accessible Information Standard.	YES

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 6.30pm
Thursday	7.30am – 6.30pm
Friday	7.30am – 6.30pm
	7.30am – 6.30pm
Appointments available:	
Monday	7.30am – 12pm & 2.30pm – 6.30pm
Tuesday	7.30am – 12pm & 2.30pm – 6.30pm
Wednesday	7.30am – 12pm
Thursday	7.30am – 12pm & 2.30pm – 6.30pm
Friday	7.30am – 12pm & 2.30pm – 6.30pm
The practice had a variety of clinicians available every day including para-medics practitioners, HCA's, nurses and GP's. Para-medical practitioners offered 15 minute appointment times, GPs offered 10 minute timescales. The practice offered extended hours appointments five days a week from 7.30am. Phone consultations were available daily.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7887	351	116	33%	1.47%

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)	96.9%	93.3%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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 offered extended hours and was open from 7.30am from Monday to Friday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Same day telephone consultations were available. These were on the day and pre-bookable and the patient could speak with their chosen clinician.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice maintained separate registers of potentially vulnerable patients and conducted six monthly reviews of these patients to help to identify any changes in circumstances which might highlight additional support was required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice re-booked advance appointments at the time with patients experiencing poor mental health, to help ensure an appointment was planned and made and to provide support.
- The staff team had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

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.	YES
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	YES
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	YES
The record of a significant event was reviewed, which demonstrated that a patient with urgent care needs was prioritised and appropriate action was taken by all staff.	
The record of a significant event was reviewed which demonstrated that when the practice IT system went down due to circumstances beyond their control, the patient list was printed off and consultations still went ahead.	

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)	46.1%	N/A	68.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	50.3%	55.7%	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)	56.9%	55.5%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	59.4%	64.7%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

Any additional evidence

The GP patient survey response regarding telephone access is highlighted as a negative variation, however, it is indicative of the CCG area. The practice had online appointments available and carried out a project with trainees from Kings College London to improve patients use of online services. This did result in a 3% rise in patient online usage from 20% to 23%.

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.	12
Number of complaints we examined.	12
Number of complaints we examined that were satisfactorily handled in a timely way.	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES
Explanation of any answers and additional evidence: All complaints reviewed were dealt with in an open and transparent way. Apologies were given to patients and action taken to improve or resolve the situation.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	YES
They had identified the actions necessary to address these challenges.	YES
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
Explanation of any answers and additional evidence: The practice had been in a process of continual change across the last 12 months and had faced some unexpected challenges which resulted in the move to a new legal entity as an individual provider, with the support of an employed salaried GP. The practice were able to demonstrate that their strong and effective leadership and clear systems, processes and governance ensured they were able to maintain the stability of the practice and could continue to work to improve the service.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	YES
There was a realistic strategy to achieve their priorities.	YES
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	YES
Staff knew and understood the vision, values and strategy and their role in achieving them.	YES
Progress against delivery of the strategy was monitored.	YES
Explanation of any answers and additional evidence: The practice had a clear mission statement, which was contained within their welcome pack. The focus on respect, improving future health, keeping up to date with changes and adapting to accommodate these was demonstrated in the actions taken by the leadership team and the staff team in the day to day running of the practice.	

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
Staff had undertaken equality and diversity training.	YES
Explanation of any answers and additional evidence: We saw that the practice fostered a culture of transparency. Staff told us that there was an open-door policy and that the staff team were encouraged to speak about themselves or others if they had a concern.	

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: The practice had a suite of policies and procedures which were tailored to the practice and updated annually or more regularly where required. There was a clear system of meetings which included a monthly clinical meeting, monthly practice meeting, monthly reception team meeting. MDT meetings were attended monthly and the practice had separate palliative care meetings. Clinical and non-clinical staff had lead roles which they took responsibility for. The practice had a clear on call rota, which specified the GP on call for each day of the week and detailed the work to be carried out. It also contained the detail of the cover GP where any of the GPs were on holiday. There was a comprehensive list of useful phone numbers available for staff to access which included the numbers of services that patients may need to be sign-posted to.	

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

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

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

Feedback from Patient Participation Group (PPG).

Feedback

Two members of the PPG were spoken with who told us that the practice is open and honest and that they listen to the views of the PPG and act on them. They were able to give examples of action the practice had taken to develop to address the needs of the patients. For example, the telephone consultations each morning were recommended by the PPG, as was additional lighting in the practice car park. The PPG told us that during the most recent practice survey, patients had expressed that they did not like having to wait without knowing how long for. This has been addressed and waiting times are given to patients where a delay is expected.

The PPG members confirmed that the meetings were two monthly and were attended by the practice manager and a representative from a local social prescribing/support organisation.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	YES
Learning was shared effectively and used to make improvements.	YES
Explanation of any answers and additional evidence: The practice had an active audit culture and additionally carried out regular searches regarding medication management. The practice was supported by Dartford, Gravesham and Swanley Clinical Commissioning Group medicines optimisation team.	

Examples of continuous learning and improvement

The practice was a training practice and currently had two registrars. They had been a training practice since 2011 and were overseen and monitored by Health Education Kent, Surrey and Sussex. The practice trained medical students from Kings College, London and received the King's Student Commendation in 2018. They also trained Junior GPs, Paramedic Practitioners and Physician Associates.

The practice also supported the learning and development of their staff team. For example, the Assistant Practice Manager had started work in reception, progressed to a Team Leader, then a Senior Administrator before taking on her current role. A further receptionist was supported to train as an HCA and one of the Paramedic Practitioners at the practice is being supported to take a prescribing course.

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.